

Medicare Plus BlueSM PPO

Preauthorization Fax Process



Important information about submitting requests for Medicare Advantage members

What information is required on my request form?

- Include your facility name and national provider identifier numbers.
- Provide the name and telephone number of the physician caring for the member and clinical information if required for a physician-to-physician review.
- Supply any pertinent clinical information supporting the member's intensity and severity of service for the setting. May include history and physical, and notes if pertinent to admission and not covered in the fax template.
- Sign and date form with phone number of person completing the form.
- Provide fax number for Blue Cross or eviCore to send case decisions.

How soon will my request be processed?

- Cases will be processed within one business day of receipt of e-fax.
 - Exception: requests received after 4 p.m. on a business day will be processed the next business day.
- Any requests received over a weekend or holiday will be processed on the next business day.
- Be sure to submit extension requests via fax two days prior to the last covered day.
- Pended cases will be turned around within 48 hours. Please ensure the admitting physician information is valid.

Where do I fax my request?

Michigan Providers: Effective June 1, 2016, preauthorization requests for skilled nursing, long term acute care and inpatient rehab facilities for Medicare Plus Blue PPO members who reside in Michigan should fax eviCore Healthcare at 1-844-407-5293. eviCore fax assessment forms can be obtained from the following URL: <http://www.careorenational.com/page/bcbsm-implementation.aspx>.

Non-Michigan Providers and members: Effective June 1, 2016, preauthorization requests for skilled nursing, long term acute care and inpatient rehab facilities for Medicare Plus Blue PPO members who don't reside in Michigan should complete the appropriate assessment form and fax to 1-866-464-8223 or email to MedicarePlusBlueFacilityFax@bcbsm.com. Blue Cross fax assessment forms can be obtained from the following URL: <http://www.bcbsm.com/providers/quick-links.html>.

How does Blue Cross process preauthorization requests?

Upon receipt of your faxed documentation, our Utilization Management department will review the request.

- If we receive incomplete documentation, we'll e-fax a face sheet to the facility indicating the missing documentation. The request won't be processed until we receive the completed documentation.
- Upon receipt of an e-fax with completed documentation, our Utilization Management staff will review and apply InterQual[®] criteria to determine the appropriateness of the admission.

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- If we approve the admission (initial preauthorization request or extension), Blue Cross will complete and e-fax a face sheet to the facility indicating the authorization number, approved length of stay and last covered day.
- If we pend a case to the medical consultant, we'll e-fax the status.
- When our medical consultant makes a decision regarding a pended case, the following action will be taken:
 - For approved cases, we'll call and send an e-fax to the facility with authorization number, approved length of stay and last covered day.
 - For denied cases, we'll call and e-fax the facility to provide appropriate next steps.