



BlueCross BlueShield of Montana

Today's Date: _____

Medicare Advantage Montana Predetermination Request

Medical Records Fax#: 1-855-874-4711

Customer Service Phone 1-877-774-8592

Please attach supporting documentation to facilitate your request, for example, the history & physical, letter of medical necessity, original photographs, etc. This form must be placed on top of the information you are submitting.

Type of facility:

- Skilled Nursing Facility
 LTAC
 Rehab
 Acute
 Provider Office
 Home
 Outpatient
 Extension Needed /Additional days needed _____

Member/Patient Data:

Identification Number:	Authorization number :
Patient's Name:	Date of Birth:
Admit Date of Service:	Discharge Date:

Facility Data:

Facility (NPI) Number	
Facility Name	
Address	

Provider Data:

Provider (NPI) Number(s)	Today's Date:
Physician/Professional Provider Name	
Address	

Primary Diagnosis Code(s)	Diagnosis Code(s)	Procedure Code(s)
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Contact Person	Phone #	Fax #
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of Montana**

Instructions for Submitting REQUESTS FOR PREDETERMINATIONS

A predetermination is a voluntary, written request by a provider to determine if a proposed treatment or service is covered under a patient's health benefit plan. Predetermination approvals and denials are usually based on our medical policies. *View medical policies.* The provider and member will be notified when the final outcome has been reached.

Expedited requests include any request for a predetermination with respect to which the application of the time periods for making expedited care determinations;

- a. could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function,
- or*
- b. in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

IMPORTANT PREDETERMINATION REMINDERS

1. Always verify eligibility and benefits first by calling 1-877-774-8592.
2. You must also complete any other pre-service requirements, such as preauthorization, if applicable and required.
3. All applicable fields are required. If all information is not provided, this may cause a delay in the predetermination process. (Inquiries received without the member/patient's group number, ID number, and date of birth cannot be completed and may be returned to you to supply this information.)
4. You **MUST** submit the predetermination to the Blue Cross and Blue Shield Plan that issues or administers the patient's health benefit plan.
5. Fax information for each patient separately, using the fax number indicated on the form.
6. Always place the Predetermination Request Form on top of other supporting documentation. Please include any supporting documentation.
7. Do not send in duplicate requests, as this may delay the process.
8. Per Medical Policy, if photos are required for review, the photos should be faxed along with the Predetermination Request Form.
9. Fax each completed Predetermination Request Form to 1-855-874-4711.

07/11/18