



## Instructions for submitting REQUESTS FOR PREDETERMINATIONS

*Predeterminations are not required.*

*We offer this service as a courtesy to our physician and other professional providers on behalf of our members.*

1. **Prepare a separate form for each individual request. Make sure all fields are completed.**
2. Compile **legible** copies of all the pertinent medical record documentation that will support the request for coverage of services.  
View the list of supporting documentation needed to successfully process a request.  
[http://www.bcbstx.com/provider/pdf/medical\\_policy\\_guidelines\\_051410.pdf](http://www.bcbstx.com/provider/pdf/medical_policy_guidelines_051410.pdf)
3. Place each completed *Request for Predetermination Form* on **top** of the corresponding medical documentation being submitted.
4. Standard requests should be placed in a sealed envelope with the words “**REQUEST FOR PREDETERMINATION**” written on both sides and sent to the appropriate address found on the form.
5. Photographs will not be accepted over the fax. They should be placed in a sealed envelope with the words “**REQUEST FOR PREDETERMINATION – ORIGINAL PHOTOS – DO NOT BEND**” written on both sides and sent to the appropriate address found on the form.
6. To submit predeterminations for **Synagis**, use the appropriate form found under <https://www.bcbstx.com/provider/forms/index.html>.
7. To be notified via telephone and/or fax of the determination, please provide a contact name and numbers under the “*Provider Data*” section of the form. (*Please provide both in the event that faxing is unsuccessful.*) Also, a letter will be mailed the day the determination is made.

***A Predetermination is not a guarantee of payment.*** It establishes medical necessity and determines if benefits would be available. All services are still subject to contract exclusions, pre-existing and claim check edits. For information concerning a guarantee of payment for services, please refer to [http://www.bcbstx.com/provider/training/reference\\_guide.html](http://www.bcbstx.com/provider/training/reference_guide.html) for details.



# Predetermination Request

**THIS IS NOT AN APPEAL FORM AND  
CANNOT BE USED FOR VERIFICATION**

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.

<b>Critical</b> <input type="checkbox"/> (Check if service is listed below)	<b>Other</b> <input type="checkbox"/> (Check if service is not on the critical list)
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<b>Critical List:</b>	Cancer Related Treatment	Hyperbaric Oxygen Therapy	PET Scan
Bariatric Surgery Repair	Chemotherapy/Radiation	IMRT	Synagis
Breast MRI	E0935 CPM Device	IVIG	Transplants

**Fax to (888) 579-7935 or Mail to the Following Address:**

<b>ParPlan/BlueChoice®</b>	ParPlan/BlueChoice, P.O. Box 660044, Dallas, Texas 75266-0044
<b>HealthSelect<sup>SM</sup></b>	HealthSelect, P.O. Box 660044, Dallas, Texas 75266-0044
<b>HMO Blue® Texas</b>	HMO Blue Texas, P.O. Box 660044, Dallas, Texas 75266-0044

**Member/Patient Data:**

<b>Identification Number:</b> (Include the three-digit prefix)		<b>Group #</b>	
<b>Member's Name</b>			
<b>Patient's Name</b>			<b>Anticipated Date of Service:</b>
<b>Patient's Date of Birth</b>			
<b>Procedure Codes:</b> (List primary first)			
<b>Diagnostic Codes:</b> (List primary first)			
Please check one of the boxes: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> NA			
<b>Services Rendered</b>	Please check one of the boxes: <input type="checkbox"/> Provider Office <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Other _____		

Please include any additional information regarding the predetermination in the space below.

**Provider Data:**

<b>National Provider Identifier (NPI) Number(s)</b>		<b>Today's Date:</b>	
<b>Physician/Professional Provider Name</b>			
<b>Address</b>			
<b>Contact Person</b>		<b>Phone #</b> ( )	<b>Fax #</b> ( )