

Out-of-network providers

This questionnaire opens when you submit a prior authorization request for a procedure to be performed by a provider who isn't contracted with BCN. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Note: If you're requesting authorization for a procedure that requires you to complete a questionnaire, you'll have to complete the questionnaire for the service itself and the *Out-of-network provider* questionnaire.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

See below for the questions you'll encounter in the e-referral system.

Q What service or treatment are you requesting for the patient? Be specific and provide as much detail as possible.

A



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Preview questionnaire Out-of-network providers

For Blue Care Network commercial and BCN AdvantageSM

Effective Feb. 28, 2021

Q What is the patient's diagnosis or suspected diagnosis?

A

Q What is the reason for sending the member to an out of network (noncontracted) provider? Be specific and provide as much detail as possible.

A

Q Has the patient been evaluated at a tertiary center such as University of Michigan? If yes, must include the name of the center, specialist's name, address, phone number, specialty type and pertinent findings in the Case Communication field.

A

Possible answers: Yes No N/A

Q Has the patient been treated by a contracted specialist for this condition? If yes, must include the specialist's name, address, phone number, specialty type and pertinent findings in the Case Communication field.

A

Possible answers: Yes No N/A



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<p>Q Did a contracted provider recommend that the patient see this out of network (noncontracted) provider? If yes, must include the provider's name, address, phone number, specialty type and pertinent findings in the Case Communication field.</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Has the patient been treated by this out of network provider in the past for this SAME condition?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Has the patient been treated by this out of network provider in the past for a DIFFERENT condition?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient PERMANENTLY live out of state?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Is the patient a student who lives out of state for college?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Is this request for another opinion?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the member have a medical condition that prohibits travel to the nearest contracted provider?</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>



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Q Is the member undergoing an active course of treatment?

A

Possible answers: Yes No N/A

Q Is the member in the 2nd or 3rd trimester of pregnancy?

A

Possible answers: Yes No N/A

Q Is the member being treated by the out of network provider for a terminal illness?

A

Possible answers: Yes No N/A