

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 July 25, 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 a tertiary center, such as University of Michigan, evaluated the patient? 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 a contracted specialist treated the patient 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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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, speciality type and pertinent findings in the Case Communication field.

A

Possible answers: Yes No N/A

Q Has this out of network provider treated the patient in the past for this SAME condition?

A

Possible answers: Yes No N/A

Q Has this out of network provider treated the patient in the past for a DIFFERENT condition?

A

Possible answers: Yes No N/A

Q Does the patient PERMANENTLY live out of state?

A

Possible answers: Yes No N/A

Q Is the patient a student who lives out of state for college?

A

Possible answers: Yes No N/A

Q Is this request for another opinion?

A

Possible answers: Yes No N/A



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Q Does the patient have a medical condition that prohibits travel to the nearest contracted provider?

A

Possible answers: Yes No N/A

Q Is the patient undergoing an active course of treatment?

A

Possible answers: Yes No N/A

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

A

Possible answers: Yes No N/A

Q Is the out of network provider treating the patient for a terminal illness?

A

Possible answers: Yes No N/A