

Specialty Drug Visit Summary



Use this form to share information with your biller or to gather information before calling Blue Cross Blue Shield of Michigan or Blue Care Network Provider Inquiry with a question about submitting a medical professional claim for a specialty drug using national drug codes. You do not need to send this form to Blue Cross or BCN.

- Blue Cross Provider Inquiry: Go to bcbsm.com/providers and click *Contact Us* in the upper right corner
- BCN Provider Inquiry: 1-800-255-1690

Patient details

Patient name		
Contract number		
Date of birth		
Date of service		
Claim number / ICN (<i>internal use only</i>)		
Provider type	<input type="checkbox"/> Durable medical equipment provider <input type="checkbox"/> Home infusion provider	<input type="checkbox"/> Professional provider <input type="checkbox"/> Specialty pharmacy

Specialty drug billing information

Drug name		
HCPCS/CPT* code		
HCPCS/CPT* quantity		
NDC (<i>5 digits – 4 digits – 2 digits</i>)	_____ - _____ - ____	
NDC quantity		
Dose administered		
NDC unit of measure	<input type="checkbox"/> GR (grams) <input type="checkbox"/> ML (milliliter) <input type="checkbox"/> UN (unit) <input type="checkbox"/> F2 (international unit, must convert to GR, ML, or UN)	

Description of the issue (*used for communicating with Blue Cross or BCN*)

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