



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Criteria request form

For determinations on non-behavioral health cases

For Blue Cross commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Revised January 2022

To request the criteria used in making a determination on a specific authorization request:

1. Complete every field below.
2. Fax the completed form to 1-866-373-9468.

This applies only to non-behavioral health authorization requests for which the Blue Cross and BCN Utilization Management departments make the determination. Do not use this form for determinations on authorization requests you submitted to our contracted vendors.

Date of request:	
Name of person submitting the request:	
Phone number of person submitting the request, including area code:	
Fax number for sending the criteria:	
Provider's name:	
Provider's NPI:	
Service / procedure that requires discussion, including applicable procedure codes:	
Member's name:	
Member's date of birth:	Date of service:
Subscriber's ID / contract number:	
Case number / reference number:	
What criteria is being requested?	