



Medicare Advantage Montana Recommended Clinical Review (Predetermination) Request

Medical Records Fax#: 1-855-874-4711
Customer Service Phone 1-877-774-8592

Please attach supporting documentation to facilitate your request, for example, the history and physical, letter of medical necessity, original photographs, etc. This form must be placed on top of the information you are submitting.

Form with sections: TYPE OF FACILITY, MEMBER/PATIENT DATA, FACILITY DATA, PROVIDER DATA. Includes fields for identification numbers, names, dates, addresses, and diagnosis/procedure codes.

Instructions for Submitting REQUESTS FOR RECOMMENDED CLINICAL REVIEW (PREDETERMINATION)

A Recommended Clinical Review (Predetermination) is a voluntary, written request by a provider to determine if a proposed treatment or service is covered under a patient's health benefit plan. Recommended Clinical Review (Predetermination) approvals and denials are usually based on our medical policies. View medical policies. The provider and member will be notified when the final outcome has been reached.

Expedited requests include any request for a Recommended Clinical Review (Predetermination) with respect to which the application of the time periods for making expedited care determinations;

- a. could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or
- b. in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

IMPORTANT RECOMMENDED CLINICAL REVIEW (PREDETERMINATION) REMINDERS

1. Always verify eligibility and benefits first by calling 1-877-774-8592.
2. You must also complete any other pre-service requirements, such as Prior Authorization, if applicable and required.
3. All applicable fields are required. If all information is not provided, this may cause a delay in the Recommended Clinical Review (Predetermination) process. (Inquiries received without the member/patient's group number, ID number, and date of birth cannot be completed and may be returned to you to supply this information.)
4. You MUST submit the Recommended Clinical Review (Predetermination) to the Blue Cross and Blue Shield Plan that issues or administers the patient's health benefit plan.
5. Fax information for each patient separately, using the fax number indicated on the form.
6. Always place the Recommended Clinical Review (Predetermination) Request Form on top of other supporting documentation. Please include any supporting documentation.
7. Do not send in duplicate requests, as this may delay the process.
8. Per Medical Policy, if photos are required for review, the photos should be faxed along with the Recommended Clinical Review (Predetermination) Request Form.
9. Fax each completed Recommended Clinical Review (Predetermination) Request Form to 1-855-874-4711.