



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

MEDICAL FORMS RESOURCE CENTER

User Guide



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HOW DOES IT WORK?

To use the Medical Forms Resource Center (MFRC), visit www.FormsResource.center or visit the Providers page of our website, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com. On the Providers page of each site, go to the Prior Authorizations section.

When you submit an MFRC request, it goes through a server that has the highest certificate available for secure communications. The information is transferred to our private network, where it is inaccessible from the internet.

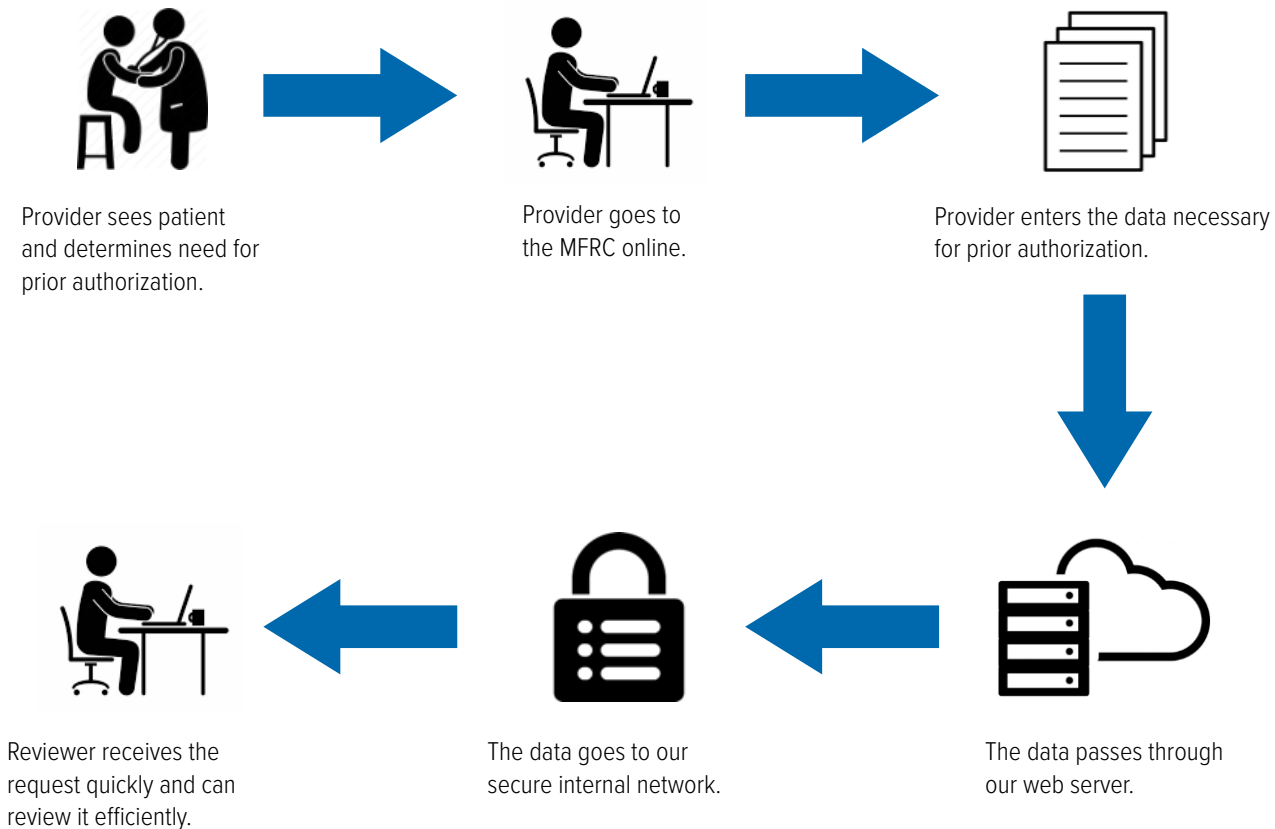
The MFRC's one-way data transfer ensures the safety and privacy of the clinical information you submit to us. It helps you save time, cuts down on miscommunication, prevents omissions, and ensures safe and accurate communication of your clinical data.

When you complete an MFRC request, you'll be prompted to provide clinical information specific to the selected service. This ensures we get the minimum necessary information to process your request quickly and accurately.

The electronic format ensures your data that it is clearly legible when we get it. This helps to prevent follow-up calls for faxes that didn't transmit or print properly.

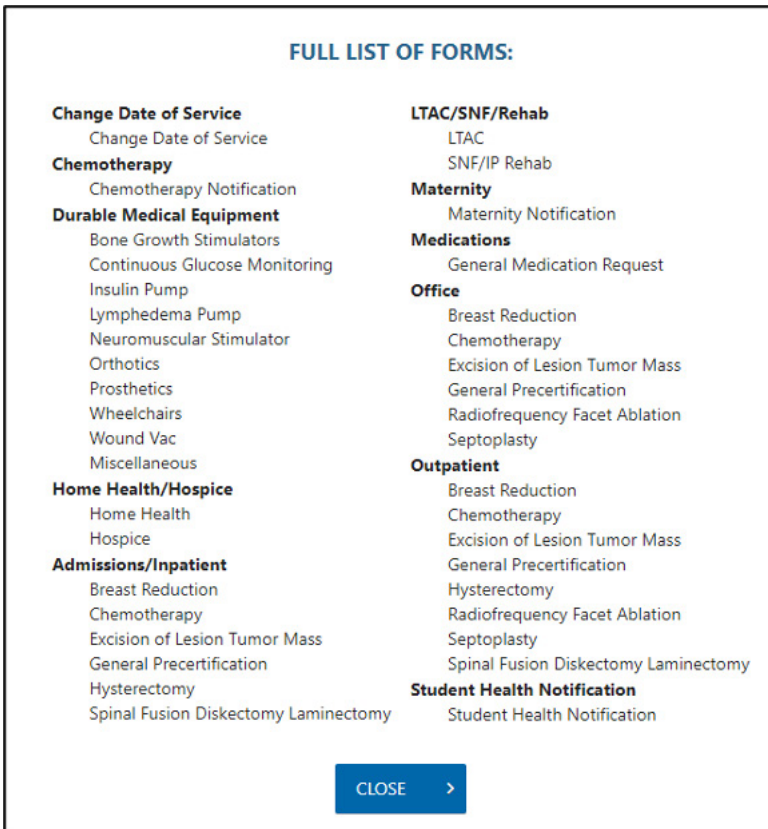
Prior authorization requests submitted through the MFRC receive priority processing.

Process Flow



TYPES OF SERVICES AVAILABLE

The MFRC allows you to initiate prior authorization requests for many services. To see the full list of the forms available, select **SEE A FULL LIST OF FORMS** on the home screen.



You can select **General Precertification** for services not listed or continue to use My Insurance ManagerSM. More services will be added in the future.

Note: If a plan requires prior authorization for any of these services through another benefit management partner or program (i.e., NIA Magellan, Avalon Healthcare Solutions, MBMNow, etc.), you will need to get the authorization through the appropriate benefit management partner.

You can complete MFRC requests in three easy steps: Facility & Patient Information, Clinical Information, and Complete Form.

STEP 1: FACILITY & PATIENT INFORMATION

Complete the required fields for the facility (or practice) and patient.

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STEP 1
FACILITY & PATIENT INFORMATION

STEP 2
CLINICAL INFORMATION

STEP 3
COMPLETE FORM

Facility & Patient Information

Instructions:
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

Facility Information

Facility's Name*

Attending MD First Name*

Attending MD Last Name*

Requesting MD First Name*

Requesting MD Last Name*

Phone*

Fax*

Facility's Tax I.D.* ?

Facility's NPI* ?

Facility's Physical Address

Address 1*

Address 2

ZIP Code*

City*

State*

Reporter Information

Name*

Organization*

Phone*

Fax*


The Reporter Information is the contact information for the person submitting the request.

Patient Information

Patient First Name*

Patient Last Name*

Previous Last Name

Date of Birth* 

ID Card Number*

Member Network*

Phone*

Email

- Select One
- Select One
- BlueChoice Health Plan
- ACA - Blue Essentials
- Other Network

NEXT STEP >

Complete the required fields and select the appropriate network based on the member's plan. This ensures the request is routed to the appropriate reviewers. If the member's plan is neither BlueChoice® nor BlueEssentials™, select **Other Network**.

STEP 2: CLINICAL INFORMATION

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STEP 1
FACILITY & PATIENT INFORMATION

STEP 2
CLINICAL INFORMATION

STEP 3
COMPLETE FORM

Step 2 - Clinical Information

Instructions:
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

Begin Date of Service*

End Date of Service*

CPT/HCPCS Codes

CPT/HCPCS Code*

ADD ANOTHER +

Diagnosis Codes

Diagnosis Code*

ADD ANOTHER +

Enter the date of service and the procedure and diagnosis codes. You can enter multiple procedure and diagnosis codes.

Type of Service

Chemotherapy +

Durable Medical Equipment +

Home Health/Hospice +

Admissions/Inpatient +

LTAC/SNF/Rehab +

Maternity +

Medications +

Office +

Outpatient +

Student Health Notification +

< BACK

NEXT >

Then select the type of service from the drop-down menu options. Each expands and provides more choices and specific options.

STEP 3: COMPLETE FORM

Step 3 will prompt you to provide key clinical information that is specific to the service you've selected. You can either enter the information or copy and paste it into the appropriate fields. Review the information for accuracy and then submit it.

Once you've completed the request, you'll have an opportunity to print a copy by selecting the **Print this submission** button on the last page. You can also save it as a PDF. We highly recommend printing or saving this verification to have a reference of your submission. You will not be able to go back to view or print a copy of the information you submitted.

PEER TO PEER DISCUSSION REQUEST FORM

We've streamlined the peer-to-peer discussion process by incorporating peer-to-peer requests into the MFRC. Peer-to-peer discussions are offered for services that receive an adverse decision due to medical necessity.

The request form is a single page that includes fields for patient information, service details and physician information.

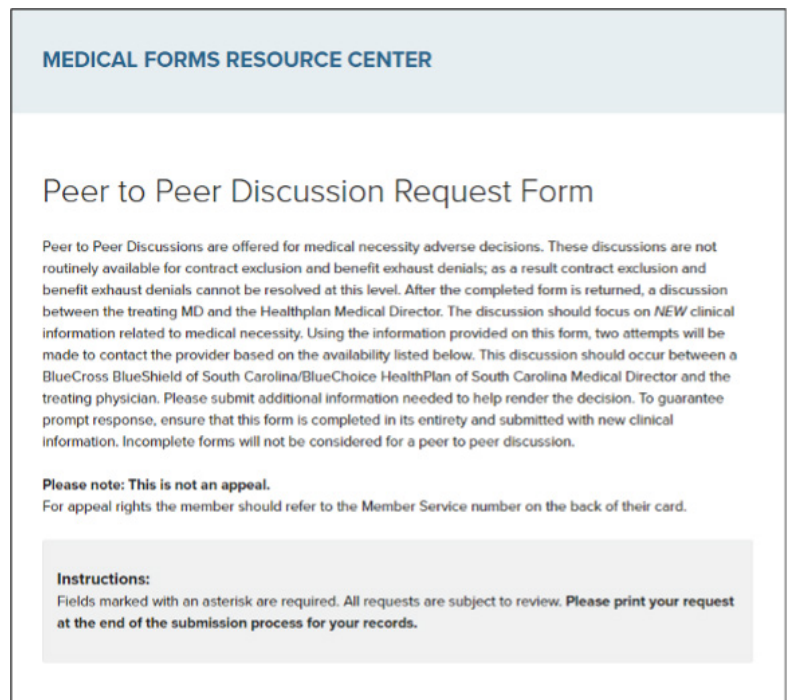


**MEDICAL FORMS
RESOURCE CENTER**
PRIOR AUTHORIZATION SUBMISSION TOOL
FOR HEALTH CLINICIANS

Wondering if the form you need is found within the Forms Resource Center?
[SEE A FULL LIST OF FORMS»](#)

[GET STARTED >](#)

[REQUEST A PEER TO PEER DISCUSSION»](#)



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Peer to Peer Discussion Request Form

Peer to Peer Discussions are offered for medical necessity adverse decisions. These discussions are not routinely available for contract exclusion and benefit exhaust denials; as a result contract exclusion and benefit exhaust denials cannot be resolved at this level. After the completed form is returned, a discussion between the treating MD and the Healthplan Medical Director. The discussion should focus on *NEW* clinical information related to medical necessity. Using the information provided on this form, two attempts will be made to contact the provider based on the availability listed below. This discussion should occur between a BlueCross BlueShield of South Carolina/BlueChoice HealthPlan of South Carolina Medical Director and the treating physician. Please submit additional information needed to help render the decision. To guarantee prompt response, ensure that this form is completed in its entirety and submitted with new clinical information. Incomplete forms will not be considered for a peer to peer discussion.

Please note: This is not an appeal.
For appeal rights the member should refer to the Member Service number on the back of their card.

Instructions:
Fields marked with an asterisk are required. All requests are subject to review. **Please print your request at the end of the submission process for your records.**

OTHER IMPORTANT INFORMATION

- Once you've filled out the first screen, the next time you visit, your facility information will automatically fill the form if your organization allows cookies.
- Use the **Print this submission** button to print or save a copy of the request.
- Once you've completed your submission, it can take 10 – 15 minutes for the information to enter our system.
- The MFRC is a one-way communication. You will not get a status update or any other communication regarding your request through MFRC.
- MFRC requests are submitted for review and are given priority.
- You can use My Insurance Manager to check the status of your request.
- You will receive approval or denial using existing processes.
- You can use the MFRC for BlueCross and BlueChoice members.



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

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