



## Instructions for Submitting REQUESTS FOR PREDETERMINATIONS

*Predeterminations are not required.*

*We offer this service as a courtesy to our physicians/professional providers  
on behalf of our members.*

1. Complete the *Predetermination Request Form* found at [http://www.bcbstx.com/provider/downloadable\\_forms.htm](http://www.bcbstx.com/provider/downloadable_forms.htm)  
**\*\*\* Prepare a separate form for each individual request. Make sure all fields are completed.**
2. Compile **legible** copies of all the pertinent medical record documentation that will support the request for coverage of services. For the list of supporting documentation needed to successfully process a request, please refer to our reference guide located at [http://www.bcbstx.com/provider/reference\\_guides.htm](http://www.bcbstx.com/provider/reference_guides.htm)
3. Place each completed *Request for Predetermination Form* on **top** of the corresponding medical documentation being submitted.
4. Standard requests should be placed in a sealed envelope with the words **“REQUEST FOR PREDETERMINATION”** written on both sides and sent to the appropriate address found on the form.
5. **“URGENT”** predetermination requests should be faxed to **1 (888) 579-7935**. These include but are not limited to procedures and/or drugs needed to relieve pain, an acute medical condition, continuity of care in a chronic condition or for treatments that need to be given within one week of the date the request is received. Cosmetic procedures and bariatric surgery, etc. would not be considered urgent. In order for the request to be processed as a priority, please check the **“URGENT”** box located at the top of the completed form and indicate the anticipated date of service. *(Please make sure the number of pages being faxed is indicated on each form.)*
6. Photographs will not be accepted over the fax. They should be placed in a sealed envelope with the words **“REQUEST FOR PREDETERMINATION – ORIGINAL PHOTOS –DO NOT BEND”** written on both sides and sent to the appropriate address found on the form.
7. To submit predeterminations for **Synagis**, use the appropriate form found at [http://www.bcbstx.com/provider/downloadable\\_forms.htm](http://www.bcbstx.com/provider/downloadable_forms.htm)
8. To be notified via telephone and/or fax of the determination, please provide a contact name and numbers under the **“Provider Data”** section of the form. *(Please provide both in the event that faxing is unsuccessful.)* Also, a letter will be mailed the day the determination is made.

**A Predetermination is not a guarantee of payment.** It establishes medical necessity and determines if benefits would be available. All services are still subject to contract exclusions, pre-existing and claim check edits. For information concerning a guarantee of payment for services, please refer to **“Verification Processing”** found at [http://www.bcbstx.com/provider/reference\\_guides.htm](http://www.bcbstx.com/provider/reference_guides.htm) for details.