

Instructions for Submitting **REQUESTS FOR REMICADE**

1. Complete the **Remicade Form** provided online at the following location
http://www.bcbstx.com/provider/downloadable_forms.htm.
2. Please do not indicate on the form, "See attached records for information requested."
3. A separate form is required for each patient's request.
4. Compile legible copies of all the pertinent medical record documentation that will support the request for coverage of services. Please see the Document Checklist (page 3 of form) to assist you. Also refer to the related medical policy RX501.051 for information required to review coverage of Remicade.
<http://medicalpolicy.hcsc.net/medpolicies/home?corpEntCd=TX1&externalTest=true#hlin>
5. This form must be used for Predetermination Requests for Remicade Only. For all other services where a predetermination is desired, you should use the Standard Predetermination Form located on the website at the following address:
<http://www.bcbstx.com/provider/pdf/predeterminationform.pdf>
6. BCBSTX does process "**Urgent Predeterminations**" as a priority. For a request to be **urgent**, it should be essential that the treatment begin within one week of the receipt date. In order for the request to process as a priority, please check the "**URGENT**" box located at the top of the form and indicate the anticipated date of service.
Fax Urgent requests to the fax number 1 (888) 579-7935.
7. Please provide a contact name, as well as phone and fax numbers under the "Provider Data" section of this form. You will receive a letter in the mail notifying you of the outcome of the predetermination review.
8. When you infuse Remicade **without a predetermination**, you have the option of submitting the form and corresponding medical documentation at the time of claim submission.
9. If you receive a **Records Request Letter** for additional records, please place a copy of the Records Request Letter on top of the Remicade Form and medical documentation. Place the documents in an envelope with the words "Medical Records" written on both sides, seal the envelope, and send it to the appropriate address on the request letter.
10. **Once you receive approval for Remicade Infusions**, no additional approval is required for subsequent infusions for that patient. However, if approval is restricted to a limited number of infusions, please send a request for an extension of services before the final approved infusion.
11. Please be informed there may be requests for additional records if the reviewer feels that the records provided are not sufficient.

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 eligibility, contract exclusions/benefits/limits, pre-existing condition limitations, 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