We use clinical information to validate providers' answers to some questionnaires in the e-referral system

As a reminder, we pend some authorization requests that would usually be auto-approved based on your answers to the questionnaires in the e-referral system. This allows us to validate the answers you provided on the questionnaire.

This applies to authorization requests submitted for BCN commercial, Medicare Plus Blue^{SM} and BCN Advantage^{SM} members.

We've published information on this topic previously. Refer to this provider alert; in addition, we've included articles on this topic in our provider newsletters.

How it works

When we pend a request, you'll get this message in the e-referral system: "Case requires validation. Medical records required. Please attach clinical information from the patient's medical record applicable to this request in the Case Communication field."

For instructions on how to attach clinical information to the authorization request in the e-referral system, refer to the e-referral User Guide. Look in the section titled "Create New (communication)."

When we receive the clinical information, we'll review it to confirm that it supports the information you provided in the questionnaire and then we'll make a determination on the request.

If we don't receive the clinical information or if the clinical information you send doesn't support your answers in the questionnaire, we won't be able to approve the request.

Statements on preview questionnaires

On the preview questionnaires that we publish on our **ereferrals.bcbsm.com** website, we state that we may retrospectively monitor compliance with the requirement that you submit clinical information that supports your authorization requests.

You can access the preview questionnaires:

- On the Blue Cross Authorization Requirements & Criteria page

- On the BCN Authorization Requirements & Criteria page