



## Complete and attach the Prospective Editing Reconsideration Request Form when submitting requests through Availity Essentials

Providers are encouraged to submit prospective editing reconsideration requests electronically using Availity Essentials™.

Starting May 1, providers must complete and attach the [Prospective Editing Reconsideration Request Form](#) to all reconsideration requests, including those submitted through Availity Essentials. **Blue Cross and BCN will return requests that are submitted without the form without reviewing them.**

Providers should start using the form immediately for all submission methods. However, we'll process requests submitted through Availity Essentials without the form through the end of April. Availity Essentials will remind you to include the form with your request starting March 1.

We're updating the *Prospective Editing Reconsideration Request Form* and the related document titled [Submitting a prospective editing reconsideration request: Instructions](#) to reflect the new requirement.

### Reminders:

- Be sure to complete all required fields, which are marked with a red asterisk. If you don't complete all the required fields, your prospective editing reconsideration request will be returned without review. This includes the "reason / rationale for reconsideration request" field, into which you must enter:
  - What you're requesting reconsideration for
  - Your reason for requesting reconsideration
- Providers are already required to complete and attach the Managerial Review Request Form when requesting a managerial review conference (second level review) for Blue Cross commercial requests. You can access the *Managerial Review Request Form* in the *Secure Provider Resources* section of our provider portal. Here's how:
  1. Within our payer space, click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*.
  2. Under the *Billing and Claims* tab, click on *Codes and Criteria* from the drop-down menu, and then select the form.

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