



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

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# Medical Forms Resource Center User Guide

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**Your Partners in Outstanding Quality, Satisfaction and Service**

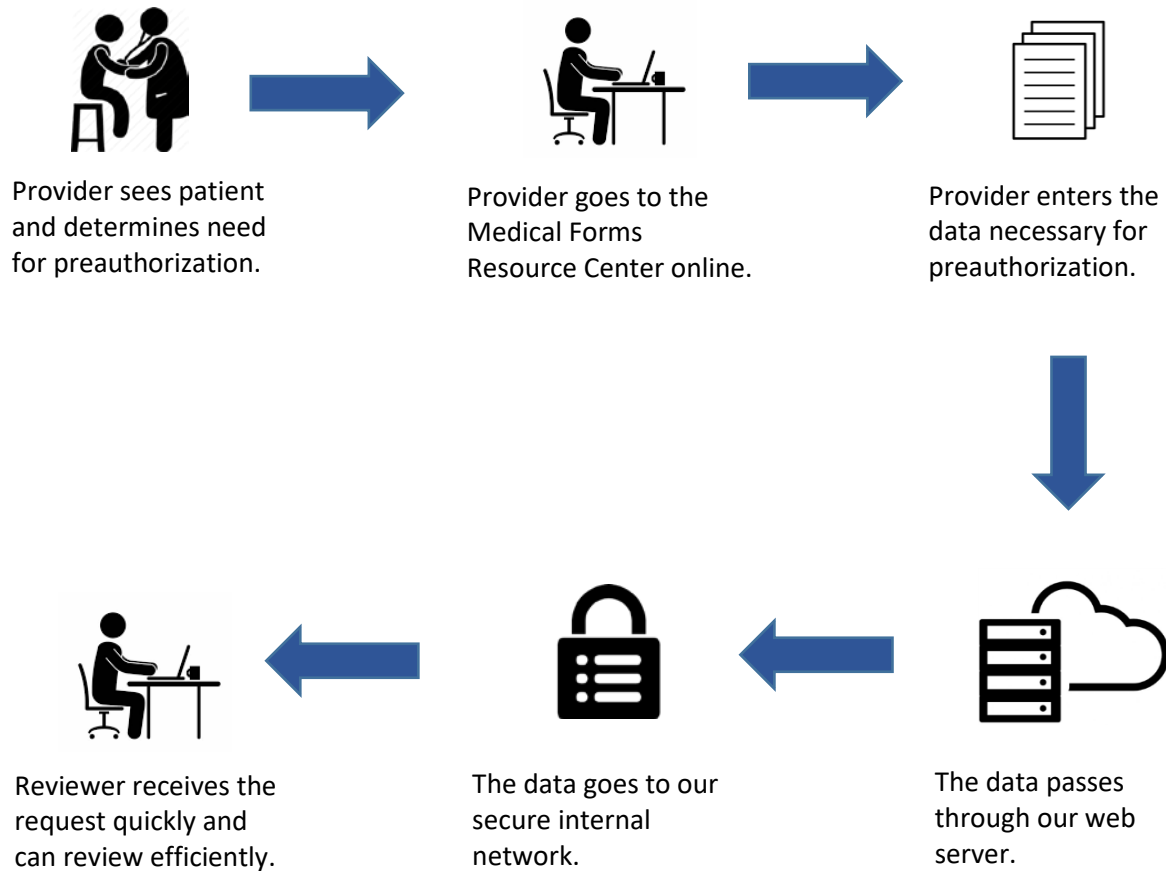
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# How Does it Work?



To use the MFRC, visit [www.formsresource.center](http://www.formsresource.center) or visit the Providers page of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com). Under the Providers page of each site, go to the Education Center and choose Precertification.

When you submit an MFRC request, it goes through a server that has the highest security 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. The MFRC can help you save time, cut down on miscommunication, prevent omissions, and ensure safe and accurate communication of your clinical data.

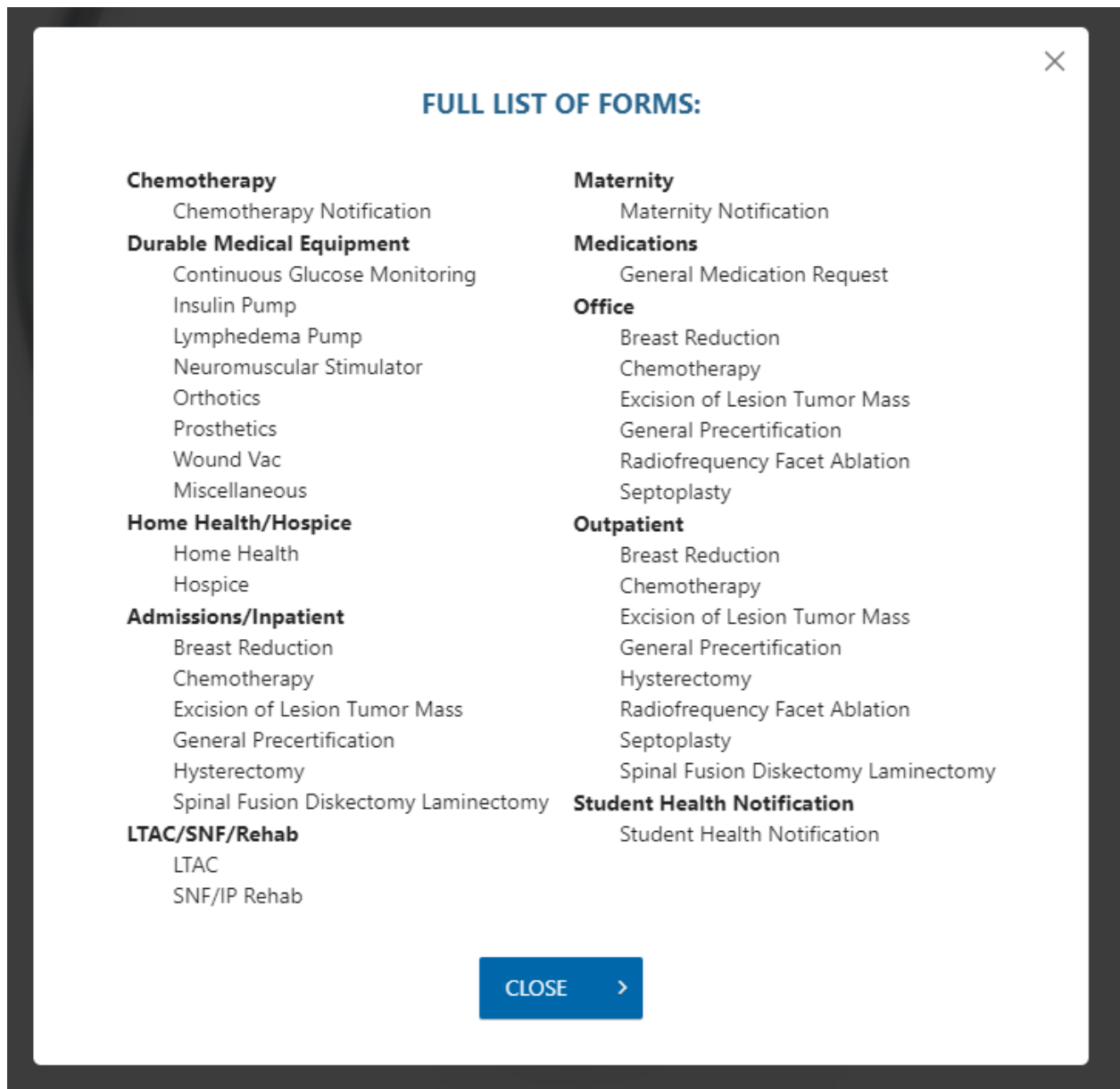
When you complete an MFRC request, you'll be prompted to provide clinical information specific to the selected service. This ensures we receive the minimum necessary information to process your request quickly and accurately.

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

Precertification requests submitted through the MFRC receive priority processing as well.

## Types of Services Available

MFRC allows you to initiate precertification 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 Manager<sup>SM</sup>. More services will be added in the future.

Please note: if a plan requires precertification for any of these services through another benefit management partner or program (i.e., NIA Magellan, Avalon Healthcare Solutions, NovoLogix, etc.), you will need to obtain precertification through the appropriate benefit management partner.

MFRC requests can be completed in three easy steps — Facility and Patient information, Clinical Information and Request Specific Information.

## Step 1: Facility & Patient Information

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

### MEDICAL FORMS RESOURCE CENTER

**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

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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\*  ?

## Step 1: Facility & Patient Information (continued)

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

### Facility's Physical Address

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**Address 1\***

**Address 2**

**ZIP Code\***

**City\***

**State\***

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### Reporter Information

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**Name\***

**Organization\***

**Phone\***

**Fax\***

## Step 1: Facility & Patient Information (continued)

Complete the required fields and select the appropriate network based on the member's plan. This ensures the request is routed to the appropriate precertification reviewers. If the member's plan is neither BlueChoice® nor BlueEssentials<sup>SM</sup>, select Other Network.


### Patient Information

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**Patient First Name\***

**Patient Last Name\***

**Previous Last Name**

**Date of Birth\***  

**ID Card Number\***

**Member Network\*** Select One ▼

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

**Phone\***

**Email**

**NEXT STEP** >

## Step 2: Clinical Information

Enter the date of service, the procedure and diagnosis codes, and select the type of service from the drop-down menu options. You can enter multiple procedure and diagnosis codes.

### MEDICAL FORMS RESOURCE CENTER

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 +



## Step 2: Clinical Information (continued)

Choose from one of the selections listed. Each expands and provides more choices and specific options.

**Type of Service**

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<b>Chemotherapy</b>	<b>+</b>
<b>Durable Medical Equipment</b>	<b>+</b>
<b>Home Health/Hospice</b>	<b>+</b>
<b>Admissions/Inpatient</b>	<b>+</b>
<b>LTAC/SNF/Rehab</b>	<b>+</b>
<b>Maternity</b>	<b>+</b>
<b>Medications</b>	<b>+</b>
<b>Office</b>	<b>+</b>
<b>Outpatient</b>	<b>+</b>
<b>Student Health Notification</b>	<b>+</b>

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### **Step 3: Complete Form**

Step 3 will prompt you to provide key clinical information, specific to the service you've selected. You can do this by entering the information or copying and pasting it into the appropriate fields. Review the information for accuracy and submit.

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

### 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.
- MFRC is one-way communication. You will not receive status or any other communication regarding your request through MFRC.
- MFRC requests pend for review and are given first priority.
- You can use My Insurance Manager to check the status of your request.
- You will receive approval or denial using existing processes.
- MFRC can be used for BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina members.