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Eligibility and Contract Benefit Verification

Providers have the following options to obtain member and dependent eligibility and contract benefits.

- Access our electronic database, NDAS Online.  
  **Note:** Call the Electronic Commerce (E-Commerce) Center at (800) 746-4614 for information on how to get started with NDAS Online or go to the Electronic Commerce section of the Provider Web site at www.bcbsil.com/provider for more details on NDAS Online.

- Call the Interactive Voice Response system at (800) 972-8088.

- If eligibility and contract benefits are not available on the Interactive Voice Response system, you may speak with a Provider Telecommunications Center Customer Advocate. The Interactive Voice Response system will prompt you for this function.
### Inquiries

#### Claim Status: Follow these steps to receive status on a claim.

<table>
<thead>
<tr>
<th>Step 1 – Electronic Reports</th>
<th>Availity submitters receive reports via their &quot;Receive Files&quot; mailbox located on the Availity secure Web site.</th>
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<tr>
<td>Step 2 – Electronic Database</td>
<td>Access Availity or NDAS Online</td>
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<tr>
<td>Step 3 – Provider Telecommunications Center (PTC)</td>
<td>Call the PTC at (800) 972-8088. If claim status is not available on the automated system you may speak with a Customer Advocate. The PTC will prompt you for this function.</td>
</tr>
<tr>
<td>Step 4 – Requests for Review</td>
<td>Facilities</td>
</tr>
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</table>

- **Provider Review Form**
  - Log on to [http://www.bcbsil.com/provider/forms.htm](http://www.bcbsil.com/provider/forms.htm) to download the Provider Review Form. Remember to always place the Provider Review Form as the initial page followed by your documentation or corrected claim.
  
  **Some of the reasons for review include:**
  
  - Auto Recoupment
  - ClaimCheck
    - Claims that have been denied as mutually exclusive or incidental to the primary procedure code
    - Claims with code bundling issues.
  - Corrected claims
  - DX Codes
  - Itemized Bills (speech, occupational and physical therapies)
  - Medical Records
  - Procedure/revenue code
  - Other

  Include all required information, such as claim and provider data, the reason for the review and any necessary documentation.

  **Please Note:**
  Inquiries received without the member’s group and ID number cannot be completed, and may be returned to you to supply this information.

  Original claims should not be attached to the Provider Review Form. If attached, they will be returned back to you with a letter explaining the correct procedures for submitting claims.

  **Mail requests to:**
  Blue Cross and Blue Shield of Illinois
  P.O. Box 805107
  Chicago, IL  60680-4112

- **Utilization Management Denials**
  
  **Medical Records Submission Form**
  - The Medical Management Appeals Department will attach a preprinted personalized routing form (Medical Records Submission Form) to every provider denial letter.
  - The form includes information about the patient and the denied services.
  - It is intended to direct the case to the proper area of BCBSIL if the appeal is misaddressed by the provider, or if the appeal is misrouted within BCBSIL initially.
  - This form should be placed in front of any correspondence or medical records. This front placement will optimize routing of the appeal request.
  - Alteration of this form, or use of a form intended for another patient, will delay the appeal process.

  The form also serves as your written request for an appeal. To avoid delay of processing, follow these simple steps:

  1. Provide the requestor's name and telephone number
  2. Attach the medical records for the dates of service being appealed.
  3. Mail the documents to the following address:

  **Medical Appeals should be sent to:**
  Blue Cross and Blue Shield of Illinois
  P.O. Box 805107
  Chicago, IL  60680-4112
Provider Review Form

Instructions for Completing the Provider Review Form

Note: Submit only one form per patient

Use this form to request a review of previously adjudicated claims of the following types:

- Auto Recoupment
- BlueCard Claims
- ClaimCheck
  - Claims that have been denied as mutually exclusive or incidental to the primary procedure code
  - Claims with code bundling issues.
- Corrected claims
- COB - including Blue on Blue claims
- DX Codes
- Explanation of Benefits from other carriers
- Itemized Bills (speech, occupational and physical therapies)
- Medicare Exhaust claims
- Medical Records
- Place of treatment changes
- Procedure/revenue code
- Refunds
- Other

Include all required information, such as claim and provider data, the reason for the review and any necessary documentation.

Please Note:
- Inquiries received without the member’s group and ID number cannot be completed, and may be returned to you to supply this information.

- Original claims should not be attached to the Provider Review Form. If attached, they will be returned back to you with a letter explaining the correct procedures for submitting claims.
Inquiries

Mail to: Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, Illinois 60680-4112
Submit only one form per patient

<table>
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<tr>
<th>Type of Review:</th>
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<tr>
<td><strong>You must check one of the following:</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Auto Recoupment</td>
<td>☐ DX Codes</td>
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<tr>
<td>☐ BlueCard</td>
<td>☐ Explanation of Benefits</td>
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<tr>
<td>☐ Corrected Claim</td>
<td>☐ Medicare claims</td>
</tr>
<tr>
<td>☐ COB</td>
<td>☐ Medical Records</td>
</tr>
</tbody>
</table>

**Claim Data:** (All fields are required)

Member’s Identification Number:  
(Include alpha prefix)

Group number:  
(From your Provider Claim Summary)

Member’s Name:

Patient’s Name:

Date(s) of Service:

DCN (Claim Number Assigned by BCBS)  
(Do not resubmit the claim unless there are corrections.)

**Provider Data:** (All fields are required)

Date:

Provider Name:

NPI Number:

E-mail Address:

Address:

Department:

Contact Person:  
Phone #:

**Reason for Review – Required** (Please state your reason in the space provided)

**Documentation:**

Attach and list the documentation to support or facilitate your review, for example the operative report, or medical records, etc.

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