



An expedited pre-service clinical appeal may be requested if the member, an authorized representative or the physician feels that non-approval of the requested service may seriously jeopardize the member's health. An appeal also may be submitted if, in the opinion of the practitioner with knowledge of the member's medical condition, non-approval would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

The medical service or treatment should meet the following criteria:

- Satisfy the above description as urgent in nature
- Has not yet taken place or is ongoing
- Determined by Blue Cross and Blue Shield of Illinois (BCBSIL) to be medically unnecessary, experimental, investigational or medically unproven
- Not covered for clinical reasons or not in benefit

Instructions

Once it has been determined that the BCBSIL criteria for submitting an expedited clinical pre-service appeal have been met, please proceed as follows:

1. Fill out the form below, using the tab key to advance from field to field
2. Print out your completed form and use it as your cover sheet
3. Include medical records, office notes and any other necessary documentation to support your request
4. Fax your request form and supporting documentation to BCBSIL at 918-551-2011, Attention: Appeals Department

Today's Date: _____

Patient Information

Patient First Name: _____ Patient Last Name: _____

Patient's Date of Birth: _____

Member First Name: _____ Member Last Name: _____

Member ID Number (include 3-character prefix): _____ Group Number: _____

Case Information

CPT/HCPCS Code: _____

Place of Service (Facility Name): _____

Case Number (if applicable): _____

Procedure(s) Non-allowed: _____

Physician/Facility/Provider Information

Physician Name (Attending Provider Full Name): _____

NPI: _____

Phone Number: _____ Fax Number: _____

Facility or Provider/Group Name: _____

Appellant Information

Name of Individual Submitting Appeal: _____

Phone Number: _____ Fax Number: _____