Blue Cross Blue Shield of Rhode Island
500 Exchange Street, Providence, Rhode Island 02903-2699
(401) 459-1000 bcbsri.com

MEDICAL POLICY REQUEST FORM

(For Review of New or Existing Services/Procedures/Therapies)

Date of request: _____

REQUESTOR'S INFORMATION

Name: _____

Telephone number: _____ Fax number: _____

Email address: _____

SERVICE/PROCEDURE INFORMATION

Name of service or procedure: _____

Health service code(s) (CPT® and/or HCPC): _____

ICD-10 code(s): _____

Complete description of service or procedure: _____

_____

_____

_____

Type or Specialty of provider rendering this service or procedure: _____

_____

Authoritative Evidence of Service/Procedure's Safety and Efficacy (please attach supporting literature, including published articles): _____

_____

If FDA approval is required, attach documentation that supports the approval

Is this service or procedure new technology? ☐ Yes ☐ No

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Does this service replace or complement existing services? If yes, provide detail:

_____

_____

Estimated volume per year or month: _____

Expected charges for service or procedure: _____

Have you discussed this request with anyone within the organization? ☐ Yes ☐ No If yes, please provide name of that individual: _____

Please submit this form and all supporting documentation by fax to (401) 459-5359, email to Medical.Policy@bcbsri.org, or mail to the following address:

Blue Cross & Blue Shield of Rhode Island
Attn: Medical Policy Department
500 Exchange Street
Providence, RI 02903-2699