



**POLICY REQUEST FORM**

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

Date of request: \_\_\_\_\_

**I. REQUESTOR'S INFORMATION**

Name and specialty: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**II. SERVICE/PROCEDURE INFORMATION**

Name of service/procedure: \_\_\_\_\_

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

ICD-9 code(s): \_\_\_\_\_

Complete description of service/procedures *(inclusive of equipment/supplies if applicable)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of professional(s) rendering this service/procedure *(with description of their involvement)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

If FDA approval is required, provide documentation of approval.

Is this service/procedure a new technology? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this service/procedure replace or complement an existing service/procedure?

\_\_\_\_ Yes \_\_\_\_\_ No *(if yes, please describe)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Requestor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Current reporting method for this service/procedure: \_\_\_\_\_

Place services are rendered: \_\_\_\_\_

Estimated volume (per month or year): \_\_\_\_\_

Proposed reimbursement/cost: \_\_\_\_\_

**\*\*\*FOR HOSPITAL REQUESTS ONLY, PLEASE INCLUDE THE FOLLOWING INFORMATION\*\*\***

Expected total volume per year: Inpatient: \_\_\_\_\_ Outpatient: \_\_\_\_\_

Expected volume for BCBSRI per year: \_\_\_\_\_

Charges for procedure:  
Hospital component: \_\_\_\_\_ Professional component: \_\_\_\_\_

Revenue center: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Have you recently discussed this issue with someone at BCBSRI? \_\_\_\_ Yes \_\_\_\_ No  
(if Yes, please provide your contact's name and department): \_\_\_\_\_

Please fax this form and all supporting documentation to (401) 459-5359 or mail it to the following address:

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