



An Independent Licensee of the  
Blue Cross and Blue Shield Association

July 2018

---

## Improved Concurrent Review Fax Cover Sheet for Sending us Clinical Information

We've updated our Concurrent Review fax cover sheet that's used for authorization requests when a member is already in a facility and treatment plans are already underway. Now, the cover sheet is easier to use and saves you time.

Starting July 30, 2018, after you've submitted a Concurrent Review Request and it is pended for medical review, you will receive a fax from us containing two items:

1. A **letter** requesting clinical information to support the medical necessity of your request. The letter includes the fax number to use to send us the requested information.
2. A **pre-filled fax cover sheet** containing your information, the member's information and the authorization number.

### Important Information About the Pre-filled Concurrent Review Fax Cover Sheet

#### Be sure to:

- Add your telephone number to the new pre-filled form
- Use the pre-filled cover sheet as the **first page** of the fax
- Include the required clinical information
- Send the documents to the Florida Blue fax number provided in your letter

Here are examples of the letter and fax cover sheet you'll receive:



An Independent Licensee of the  
Blue Cross and Blue Shield Association

To: MAIN STREET HOSPITAL

Fax: **Fax Number**

Regarding: John Q Member

Date: July 30, 2018

**PLEASE USE THE ATTACHED FAX COVER SHEET THAT INCLUDES THE MEMBER'S INFORMATION *AS THE FIRST PAGE* WHEN SENDING RECORDS TO US.**

**SEND TO FAX NUMBER: **Florida Blue Fax Number****

**Note:** We are sending you this request according to regulatory guidelines. If we have access to your Electronic Medical Records (EMR) system, we will use EMR to complete a clinical review.

In order for us to review your authorization request, ***please fax the following items TODAY using the attached cover sheet (if not already provided):***

- At a minimum submit:
  - Admitting history and physical report
  
- As available for this admission:
  - Emergency room record
  - Labs and other diagnostic tests
  - Admission consultation reports
  - Any other pertinent information to support medical necessity and InterQual criteria



An Independent Licensee of the  
Blue Cross and Blue Shield Association

## Fax Cover Sheet for Medical Records

All requests must be typed or completed electronically, then printed and sent to us with this cover sheet and the required medical records. Do not write requests by hand.

Be sure to include a completed associated Certificate of Medical Necessity (CMN) for the requested care or treatment.

---

### Concurrent Review Fax

Florida Blue Fax Number: **Fax Number Provided**

#### Authorization/Reference Number

Authorization/Reference Number: 12345678

Date: July 30, 2018

#### Physician Information/Requesting Provider

Physician Name: Mary Smith

Provider Number:

National Provider Identifier: 1234567890

Phone Number: (123) 456-7890

#### Patient Information

Patient Name: John Q Member

DOB: 11/23/1966

Patient Policy Number: 12345678901

#### Request Type

Standard

Expedited/Urgent

**Expedited/Urgent Care:** Any request for medical care or treatment for which the time period for making a non-urgent care determination could seriously jeopardize the life or health of the member of the member's ability to regain maximum function, based on a prudent lay person's judgement or, in the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

**Note:** The information in this document is confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law.

**Action:** If you are not the intended recipient or the individual responsible for delivering to the intended recipient, be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited. Notify the sender immediately by telephone and destroy this document immediately.