MEDICAL RECORD ROUTING FORM - Instructions and Important Information

The Medical Record Routing Form is used to submit required documentation for a previously submitted claim or to link required documentation to an electronically submitted original claim. Please follow the instructions, adhere to the noted important information, and provide the required claim information on the form.

INSTRUCTIONS

- 1. Please complete the form online and print. Form must **not** be handwritten.
- 2. Select the appropriate button on the form that identifies the reason for sending documentation:
 - Review of a previously paid or denied claim
 - Original electronic claim (837 transaction) where we require supporting documentation
- 3. Enter the required claim information applicable for the reason documentation is being sent.
- 4. Fax (preferred) or mail (when 100 pages or more) the printed form and documentation. Fax and mailing information can be found at the bottom of the form.

IMPORTANT INFORMATION

- Please submit only the documentation that was requested via letter or claim denial. For the adjudication of an original claim service, please only submit the documentation that was specified.
 - Complete medical records aren't routinely required and should only be submitted when requested.
- A paper claim should never be included when using this form to send documentation.
- For BlueCard®, only use this form to submit medical records if you received a rejection requesting medical records from a BlueCard plan. Please note the following:
 - The SCCF number associated with the claim must be provided. The SCCF number can be found on the claim information in Availity.
- If you have any questions about medical records, contact Provider Inquiry or your provider consultant.
- Allow a minimum of 30 days for review of the documentation.
- Successful linkage of documentation to an original electronic claim requires all claim information on the Medical Record Routing Form to match information sent in the original electronic claim. This includes:
 - Patient first name; subscriber last name; contract number; and date of service (first date of service - mm/dd/ccyy).
 - Billing NPI: The National Provider Identifier(NPI) of the billing health care provider.
 - o Patient control number: Either the patient account number or the claim number in the billing submitter's practice management system; maximum length is 20 characters. This should be provided, if available, but isn't required.¹
 - Attachment control number: The billing submitter's document identification number; it should be different than the patient control number; maximum length is 50 characters. This should be provided, if available, but isn't required.¹

¹Please refer to the Provider Online Manual for the technical 837 transaction field information.



Medical Record Routing Form

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MRRF

Please complete this form online and print.

Red outline denotes field is required.

Please allow a minimum of 30 days for review of the documentation.

BlueCard® (only use this form to submit medical records if you received a rejection requesting medical records.)

Previously paid or denied claim

Original electronic claim

| Claim Information | |
|--|--|
| Patient first name | |
| Subscriber last name | |
| Contract number (Must begin with a three character prefix or be an FEP contract number, R with 8 digits) | |
| SCCF number (Only for BlueCard medical review) | |
| ICN / Claim number (14 digit ICN required only for prev pd/denied claim) | |
| Date of service | |
| Billing NPI (required only for original electronic claim) | |
| Patient control number | |
| Attachment control number | |
| Brief reason for review request | |
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Do not attach a copy of the claim form. Please send this form with the medical records to:

Fax 100 pages or less to: BCBSM Medical Records

1-866-617-9917

Or mail when documentation is greater than 100 pages to: Blue Cross Blue Shield of Michigan PO BOX 166

DETROIT, MI 48231-0166

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