



Behavioral Health Services Out-of-Plan Referral Review Request Form

Fax (716) 887-7913
Phone: 1-877-837-0814

Request must be submitted by a participating BlueCross BlueShield of Western New York provider
Out-of-network requests must be submitted *prior* to services being rendered

All fields must be completed

Member Information

Date of request:			
Member name:			
Member ID with prefix:			
Member street address:			
Member address:	City:	State:	ZIP:
Member DOB:			

Requesting In-Plan Provider/Facility Information

Provider name/credential:			
Designated contact:			
Provider telephone:	Provider fax:		
Provider street address:			
Provider address:	City:	State:	ZIP:
Provider ID/NPI:	Tax ID:		

Out-of-Plan Provider/Facility Information

Provider/facility name/credential/specialty:			
Designated contact:			
Provider/facility telephone:	Provider/facility fax:		
Provider/facility street address:			
Provider/facility address:	City:	State:	ZIP:
Provider ID/NPI:	Tax ID:		

Type of Service Requested (please select ONE):

<input type="checkbox"/> Mental health (MH)	<input type="checkbox"/> Member has not received services yet (pre-service)
<input type="checkbox"/> Eating disorder (EDO)	<input type="checkbox"/> Member is currently receiving services/already admitted
<input type="checkbox"/> Substance abuse (SA)	
<input type="checkbox"/> Applied behavior analysis (ABA)	

Member name:	
Member ID with prefix:	

Level of Care Requested (select ONE):

<input type="checkbox"/> Inpatient (IP) MH	<input type="checkbox"/> IP SA detox	<input type="checkbox"/> IP SA acute rehab
<input type="checkbox"/> Residential treatment (RTC)	<input type="checkbox"/> Partial hospitalization (PHP)	<input type="checkbox"/> Intensive outpatient (IOP)
<input type="checkbox"/> Outpatient (OP)	<input type="checkbox"/> Community day treatment (CDT)	<input type="checkbox"/> Other:

Specific rationale required for why out-of-plan provider is medically necessary for member's diagnosis and conditions, including clinical documentation that in-plan providers are materially different, lack the specific skill or training, and/or are not available to treat the member's condition. Include office notes, consult from in-plan specialist that evaluated the member for requested services, and recap lab work where indicated.