

Beginning January 1, 2019, Blue Cross NC Will Accept the Upfront Submission of Federal Employee Program (FEP) Medical Records to Support the Medical Necessity of Services

BlueCross BlueShield of North Carolina will begin accepting the upfront submissions of medical records, to help support the medical necessity of services already provided to our FEP insured members. Accepting the upfront submission of records represents a process change for the way Blue Cross NC handles previously unsolicited records. Blue Cross NC is making this change to better align our administrative processes for medical records with guidance from the National Committee for Quality Assurance (NCQA). Beginning January 1st, providers will be able to proactively send medical records to Blue Cross NC in advance of claims being processed. This will help avoid medical necessity denials, resulting from Blue Cross NC not having required medical necessity information.

Please note, this new process and the information that follows below applies to Blue Cross NC's FEP insured membership only.

Since December 2015, Blue Cross NC has been accepting upfront submission of medical records for its Commercial membership. The upfront submission of medical records for FEP membership will be a new process for Blue Cross NC and we anticipate the process change to be beneficial for providers and Blue Cross NC alike.

Before sending medical records to Blue Cross NC, please consider if the records are required, and if the documentation will be sufficient to meet criteria for a given service, as outlined on Blue Cross NC's web site [online Medical Policies](#) for Blue Cross NC's commercially insured members. Blue Cross NC's medical guidelines are written to cover a given condition for the majority of people. However, each individual's unique clinical circumstances may be considered in light of current scientific literature, as well as an individual member's coverage and eligibility for a particular service or supply. Medical records are most typically needed by Blue Cross NC to: review the medical necessity of a specified CPT, HCPCS or revenue code, determine unlisted services, identify a durable medical equipment price from the invoice, determine the name of a physician who has ordered labs, determine a member's benefit, and/or identify a national drug classification (NDC) for a medication.

To help providers anticipate when the services they've provided will be reviewed by Blue Cross NC for medical necessity, and to understand the methods to submit medical records for reviews, we've developed the following instructional aides:

- [How to submit medical records for medical necessity reviews](#)
- [Codes by procedure types requiring medical records submissions](#)

After January 1, 2019, if medical records are needed to support a medical necessity review, and records are not received by Blue Cross NC before the claim adjudicates, the member will receive an Explanation of Benefits (EOB), the provider will receive an Explanation of Payment (EOP) and both will receive a claim denial letter addressing the specific reason(s) for the denial. The denial letter will provide reference to the criteria on which the denial decision was based, and will inform the member and provider of their rights and ability to appeal the decision.