Blue Cross Blue Shield of Michigan

# TRUST PREFERRED PROVIDER ORGANIZATION (PPO) and POINT OF SERVICE (POS) PROGRAM REFERRAL FORM

Dear PPO or POS Member:

Your PPO or POS physician, hospital or laboratory has completed this form because you are being referred for services to a non-PPO or non-POS physician, hospital or laboratory.

Referrals outside the PPO or POS networks are required when covered services are medically necessary and not reasonably available within the designated network (the TRUST network for PPO members and the POS network for POS members). When these conditions are met, **out-of-network** cost sharing (deductibles and copays) are not applied. However, if your contract has **in-network** deductibles and copays, you will still be responsible for those.

Referrals are only valid up to **60 days** after the date of the referral. The referral covers services that are performed within one year of the date of the referral. Retroactive referrals **will not** be approved without documentation in your medical record.

Benefits are not covered when members are referred to non-approved BCBSM facilities — for example, non-approved outpatient mental health, and outpatient physical therapy facilities.

**If you are referred to a physician, hospital or laboratory that does not participate in any BCBSM product (PPO, POS or Traditional), you may be responsible for paying the provider charges that exceed the BCBSM payment.**

Note: referrals for MESSA Tri Med members **must** be made by the member's assigned Primary Care Physician.

## TO BE COMPLETED BY REFERRING PHYSICIAN/HOSPITAL/LABORATORY

| Date of Referral | Month | Day | Year | If needed, Date of Revised Referral | Month | Day | Year | Contract Number |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Subscriber Name | Member's Last Name | Member's First Name | Date of Birth |
|---|---|---|---|
| | | | |

| Non-PPO/POS Physician/Hospital/Lab Name | Address | City | State | Zip Code | Telephone |
|---|---|---|---|---|---|
| | | | | | |

| Referring PPO/POS Physician/Hospital/Lab Name | Address | City |
|---|---|---|
| | | |

| State | Zip Code | Telephone |
|---|---|---|
| | | |

Referring Provider's License Number

**Referring professional provider or laboratory:**
Record Digits Three Through Nine of your ten-digit BCBSM provider identification number

| 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Referring facility:**
Record your five-digit BCBSM facility code

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |

Reason For Referral

| Anticipated Start Date | Month | Day | Year | Number of Visits | Length of Treatment |
|---|---|---|---|---|---|
| | | | | | |

## TO BE COMPLETED BY REFERRED PHYSICIAN/HOSPITAL/LABORATORY

Location: ☐ Physician's Office ☐ Outpatient Hospital ☐ Inpatient Hospital ☐ Independent Laboratory

| Date of Service/Start Date | Month | Day | Year | End Date | Month | Day | Year | Specific Services Requested |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

ICD-9 Diagnosis (Code & Description)

*All signatures are required for this form to be valid.*

Signature of Patient or Authorized Person Date

Signature of PPO or POS Referring Provider Date

Signature of NON-PPO or NON-POS Provider Date

## INSTRUCTIONS

**If hospitalization is necessary, please inform the referring PPO or POS physician immediately and request a new referral.**

**Referred provider:** Return the white copy to the PPO or POS referring provider. Give the pink copy to the member. Retain the yellow copy in the patient's record.

If submitting paper claims:

**Professional provider:** Record the PPO or POS referring provider's seven-digit PIN in field 10D of the CMS-1500 claim. Attach the yellow copy of this form to the claim.

**Facility provider:** Record the PPO or POS referring provider's PIN in the "Treatment authorization" field of the UB-92 claim. Attach the yellow copy of this form to the claim.



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent license of the Blue Cross and Blue Shield Association.