

Blue Cross/Blue Shield of Texas  
 Pre-service Allowed Benefit Disclosure Request  
 P.O. Box 650489  
 Dallas, TX 75265-0489  
 972-766-0371 (Fax)



**BlueCross BlueShield  
 of Texas**

**MEDICAL POLICY AND CODING PROCEDURE DISCLOSURE REQUEST FORM**

In order to provide accurate and timely information, the following information will be necessary for each specific request.

Provider Name:
NPI Number:
Requestor Name:
Fax Number:
Mailing Address:

REQUEST	DIAGNOSIS CODE	PROCEDURE CODE
<b>Medical Policy Request -</b> Please Provide the following: ICD-9 Diagnosis code; CPT/HCPCS code.		
<b>Assistant Surgeon Request -</b> Please provide the following: CPT/HCPCS code.		
<b>Multiple Surgery Request -</b> Please provide the following: CPT/HCPCS code with the primary procedure listed first and any other procedure to be performed on the same date.		
<b>Bundling Request -</b> Please note: bundling is based on a code to code relationship. Please provide all codes, without PHI, for an entire case scenerio.		

NOTE: Response does not replace or limit claim adjudication determination by a members benefit plan. For issues regarding post service claims adjudication the provider must follow the Customer Service Inquiry process.

State and Federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and Claims Adjudication guidelines and must be considered first in determining coverage. The member's contract benefits in effect on the date the services are rendered must be used. Any benefits are subject to the payment of premiums for the data on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy or Claims Adjudication guidelines periodically.

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