

Post Service Medical Record Requests

Frequently Asked Questions and Answers

Blue Cross and Blue Shield of North Carolina (BCBSNC) may request medical records as part of the Post service claims review process. Providers are encouraged to respond to requests for medical records, as soon as possible. When clarification about a service is necessary and supporting clinical documentation is not provided in a timely manner, claims processing and payments are delayed.

WHAT METHODS DOES BCBSNC USE WHEN REQUESTING POST SERVICE MEDICAL RECORDS?

Medical records for BCBSNC Insured, ASO, State Health Plan Employees and Teachers, Blue MedicareSM (Blue Medicare HMOSM and Blue Medicare PPOSM) and BlueCard[®] Host members are ordered via multiple methods;

Fax capability - Providers receive a bar-coded coversheet from BCBSNC via fax. The bar-coded coversheet and the requested medical records must be submitted to BCBSNC.

On-line capability - Providers with an active *ProviderLink*TM On-Line Contract receive the request, pull the requested information electronically and can use the 'on-line' message feature to submit medical records in real-time to BCBSNC for review independent of the claim.

United States Postal Service - When BCBSNC does not have a fax number on file for a provider, the bar-coded coversheet is mailed to the provider's correspondence address.

Medical Records for the Federal Employee Program (FEP) are requested by an Explanation of Payment (EOP) with the remark code, "EMR".

HOW IMPORTANT IS IT FOR PROVIDERS TO MAINTAIN THEIR CONTACT INFORMATION FOR BCBSNC MEDICAL RECORD REQUESTS?

Fax contact information must be current to receive post claim medical record requests via fax. Complete and return a [Post Service Medical Records Fax Sign-up Form](#) today!

BCBSNC network providers are required to report how they wish to receive post service medical record requests. Providers that wish to leverage the fax bar-coded coversheet capability must provide BCBSNC their fax information and must update their information with BCBSNC as required.

When fax correspondence information needs to be updated, providers should complete and return a [Post Service Medical Records Fax Sign-up Form](#) that can be found on the [Forms and Documentation](#) page on our website at bcbsnc.com/providers. Fax the completed form to

1.866.312.6368. Please allow two weeks for processing of the form.

CAN PROVIDERS CHARGE A FEE FOR SERVICES RELATED TO PROVIDING MEDICAL RECORDS?

BCBSNC contracted providers have agreed to provide BCBSNC with medical records when they are requested without further payment or authorization from the member or BCBSNC. Additional information regarding "Administrative Service Fees" can be found in the "Claims – billing and reimbursement" section of the [Blue Book](#)SM [Provider eManual](#).

SHOULD MEDICAL RECORDS BE INCLUDED WITH THE ORIGINAL CLAIM?

Providers should not submit medical records unless they are requested by BCBSNC.

Exclusion: During Q4-2015 BCBSNC announced that providers would be allowed to submit “pro-active” medical records for Medical Necessity Reviews. BCBSNC released a list of CPT, HCPCS, Revenue and Diagnosis Codes that if included on a claim, providers are able to submit specified medical records to BCBSNC proactively <https://www.bcbsnc.com/content/providers/medical-records/index.htm>.

To remain compliant to HIPAA Minimum Necessary regulations, providers should not submit medical records for CPT, HCPCS or Revenue code that are not listed on BCBSNC’s listings for “Codes by procedure types requiring medical records submissions” and “ICD-10 Diagnosis Codes associated with Revenue Code 0360, 0272, 0278 and 0922 and requiring medical records submissions.”

Any medical records received for codes not included on these lists will be subjected to BCBSNC’s unsolicited medical record processes.

DOES BCBSNC REQUIRE PROVIDERS TO FOLLOW CERTAIN GUIDELINES WHEN SUBMITTING POST SERVICE MEDICAL RECORDS?

BCBSNC’s bar-coded coversheet identifies the patient information and the medical information that is required by BCBSNC. **Always ensure that the bar-coded cover sheet is the first page of the fax transmission or CD file, followed by the medical record.** This will enable BCBSNC to efficiently route the medical record(s) to the appropriate organization or individual that requested the records.

When a post claim medical record request is received with a bar-coded cover sheet, the medical records should be sent to BCBSNC per the following guidelines:

Less than 150 pages: Fax the bar-coded cover sheet followed by the medical record to the fax number on the fax cover sheet.

150 to 300 pages: Fax the bar-coded cover sheet followed by the medical record directly to **1.919.765.3204**.

Greater than 300 pages: Mail a copy of the bar-coded cover sheet followed by the medical record directly to **BCBSNC, PO Box 610, Durham, NC 27701** or scan and place an image of the bar-coded cover sheet, followed by the medical records, onto a compact disk (CD) and mail the CD to **BCBSNC, PO Box 610, Durham, NC 27701**.

To remain HIPAA compliant, BCBSNC is required to mail back to the provider’s registered correspondence address any medical record submitted that does not have a cover sheet containing the required information.

WHY IS IT IMPORTANT FOR THE BAR-CODED COVER SHEET TO BE THE FIRST PAGE IN THE MEDICAL RECORD PACKET?

BCBSNC processes many solicited medical record requests daily. BCBSNC’s systems look for the bar-coded coversheet to be the first page of the medical record packet to efficiently route the medical record to the team responsible to perform the post claim clinical review. Where the provider does not place the bar-coded cover sheet as the front page of the medical record packet, the medical record packet must be researched and routed manually. This causes delay in routing the medical records to the interested party and therefore lengthens the claim payment cycle.

WHAT CAN PROVIDERS DO TO ENSURE THAT THE MEDICAL RECORDS ARE PROCESSED TIMELY BY BCBSNC?

We cannot emphasize enough the importance of placing the bar-coded cover sheet as the first page of the fax transmission or CD file, followed by the medical record.

Also all providers must ensure that their fax servers / fax facilities do not automatically add a corporate fax cover sheet in front of the bar-coded cover sheet. If your fax facility adds a corporate cover page in front of the bar-coded cover sheet, BCBSNC's automation will fail dropping the records to a queue for manual research and routing.

WHAT ARE THE GUIDELINES AROUND FAXING MEDICAL RECORDS FOR FEP MEMBERS?

Below are the guidelines that should be followed when sending medical records to BCBSNC for FEP members:

1. Create a **"fax cover sheet"** containing the following information:
 - a. The provider's name and NPI / Provider ID
 - b. The patient's name
 - c. The patient's Date-of-Birth
 - d. The BCBSNC patient's ID Number (including the Prefix and Suffix e.g., R123456789)
 - e. The patient's Date-of-Service
 - f. Provider contact information (BCBSNC will contact the individual listed if we have any questions about the records received)
2. Less than 300 pages: The fax cover sheet, followed by the medical records, should be faxed directly to **1.919.287.8816**.
3. Greater than 300 pages: Mail a copy of the bar-coded cover sheet followed by the medical record directly to **BCBSNC, PO Box 2291, Durham, NC 27702** or scan and place an image of the fax cover sheet, followed by the medical records, onto a CD and mail the CD to **BCBSNC, PO Box 2291, Durham, NC 27702**.

The fax cover sheet with the patient's information and mail-back information must always be the first page of the fax transmission, or CD file, followed by the medical record. This will expedite the process when routing the medical records to the requesting organization.

To remain HIPPA compliant, BCBSNC is required to mail back to the provider's registered correspondence address any medical record submitted that does not have a cover sheet containing the required information.

IS THERE A TIME LIMITATION FOR RESPONDING TO POST SERVICE MEDICAL RECORD REQUESTS?

Yes and a delay in response will impact the timeliness of claim payment(s). BCBSNC allows 60 days from the date the bar-coded coversheet was created to send the medical records for our commercial lines of business. All records received after 60 days, but within 13 months, are processed as "unsolicited" records as the requested information is no longer available within our system. When submitting medical records after 60 days, but within 13 months from when the initial coversheet was created, records should be sent per the following guidelines:

Less than 300 pages: Fax the bar-coded cover sheet followed by the medical record directly to **1.919.765.3204**.

Greater than 300 pages: Scan and place an image of the bar-coded cover sheet, followed by the medical records, onto a compact disk (CD) and mail the CD to **BCBSNC, PO Box 610, Durham, NC 27701**.

For Blue Medicare, if medical records are not received within five (5) days, a second request is generated. When medical records are not received within ten 10 days following the initial request, BCBSNC contacts the provider's office. When medical records are not received within 15 days following the initial request, BCBSNC voids the associated claim(s) out of the claims processing system.

HOW CAN PROVIDERS MOVE TOWARDS A PAPERLESS PROCESS FOR SENDING MEDICAL RECORDS?

Some providers have successfully deployed a paperless method that allows them to pull digital medical records and send them electronically to BCBSNC. These providers are utilizing an email fax capability (e.g., Outlook or GroupWise fax capability) or they are faxing directly from their digital medical record application.

The same medical record size restrictions must be followed. The email fax capability allows the provider to attach an image of the bar-coded cover sheet, followed by the digital medical record. Tracking of the records is handled by the provider's fax-server. Providers should work with their information technology (IT) organization to research this capability and must ensure that their fax servers / fax facilities do not automatically add a corporate fax cover sheet in front of the bar-coded cover sheet.

HOW CAN PROVIDERS LEARN MORE ABOUT MEDICAL RECORD REQUESTS?

The Blue BookSM Provider eManual, available at bcbsnc.com, contains additional information about BCBSNC medical record requests, as well as information about BCBSNC medical record standards.

The information provided is applicable only when medical records are requested by BCBSNC to process a claim. The information does not apply to annual post claim chart reviews for BCBSNC Blue MedicareSM members or medical record requests for helping to secure Healthcare Effectiveness Data and information Set (HEDIS) credit