

Medical Policy Development, Adoption and Reviewing Form



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This form allows practitioners with relevant clinical expertise to provide input on the development, adoption and application of Utilization Management (UM) criteria. Your feedback supports compliance with NCQA UM 2: Clinical Criteria for UM Decisions – Factor 4, which requires practitioner involvement in UM criteria processes.

Submission instructions: Please email this form and relevant attachments to medicalpolicy@bcbsnd.com. We will contact you with additional questions in three to four business days. Expect a final response in about six weeks.

Provider Information

Date of Submission	Company/Organization Name	
Provider Name	Contact Person	Title/Role
Phone Number	Email Address	
Type of Submission		
<input type="checkbox"/> Existing Medical Policy		
<input type="checkbox"/> Request for Policy Change		
<input type="checkbox"/> Request for New Policy		
<input type="checkbox"/> Other (Please Specify Below) _____		
Policy Name and Number (If Applicable)		

Request/Issue Information

Description of the Issue or Request

What clinical evidence exists to help us make this decision?

Please include research material, such as clinical trials or studies. You are welcome to attach this information with your submission.