



MASSACHUSETTS

Written Estimate: Checklist

In support of Massachusetts Chapter 224 legislation, you can now request a written estimate for the cost of any medical procedure or treatment in Massachusetts that you are considering.

Please refer to the items below. This information, along with the details supplied by the provider, will be used to calculate your written estimate. We will respond to your estimate request within two business days of receipt of all necessary information.

Questions? Feel free to call us at the number on the front of your ID card.

Member and Service or Procedure Information

All of the information in this section is required to initiate a request. This information, along with the provider-supplied details on the next page, will be used to calculate your written estimate.

Patient Information

☐ Full Name _____

☐ Member ID _____

Servicing Provider¹ Information

☐ Servicing Provider's Full Name _____

☐ Servicing Provider's Phone Number _____

Medical Procedure or Treatment Description

☐ Procedure(s) or treatment for which you are requesting an estimate:
(example: I am requesting an estimate for a left knee replacement)

Facility Information: (if service is being performed at a facility, such as a hospital or freestanding MRI or lab facility.)

☐ Facility Name _____

☐ Facility Phone Number _____

☐ Facility Address (Street, City, State) _____

1. A provider could be a doctor, clinician, DME provider, audiologist, physical therapist, chiropractor, etc.

—continued

Provider and Procedure or Diagnosis Code Information

If you have this information, you may include it. Otherwise, we will contact your physician or provider to obtain the necessary information. Note: It is necessary to include all procedure codes for the treatment requested to get the most accurate estimate. For example: arthroscopic knee repair may also include anesthesia, labs, X-rays, and other procedures.

Provider Information

☐ Servicing Provider NPI (National Provider Identifier), a ten-digit number used to identify the health care professional rendering the service (for billing purposes)

☐ Facility NPI (National Provider Identifier), a ten-digit number used to identify the facility (for billing purposes)

☐ Procedure Codes (up to 10) to identify the treatment or services being performed

i.e. Either CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) codes.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

☐ Diagnosis Codes (one per procedure, if available) to identify diagnosis.

i.e. ICD Code (International Classification of Disease).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Next Steps

- Log in to Member Central, select My Account, then click Request a Written Estimate.
- Complete the Written Estimate form (using the information you gathered above) and submit it.

Please note: If you do not have the provider NPI and procedure or diagnosis code, we will contact your provider for that information.

What to Expect

Expect to receive your written estimate within two business days of receipt of a complete and accurate request by mail, secure email, or fax. (There is a place on the Written Estimate form to indicate how you'd like to receive it.) Our normal business hours are 8:00 a.m. to 6:00 p.m. ET.

Disclosure Information:

To request an estimate, a member must meet eligibility guidelines and be an active member. An estimate does not guarantee coverage. Each admission, procedure, or service must be a medically necessary, covered benefit and meet medical policy guidelines. In addition, all prior authorizations and referrals must be obtained, if necessary.

Estimates are based on the information provided to Blue Cross Blue Shield of Massachusetts and medical information available at the time the estimate is requested. Please confirm with your provider that you have been given the information for all anticipated services. Should this information change or should unforeseen services arise out of the proposed admission, procedure, or service, the actual amount you will be responsible for may vary. If additional services or claims are received between the time an estimate is requested and the time the member receives the service, the level of benefits may change. For example, the amount applied toward a member's deductible and out-of-pocket maximum may change.

The quality of health care services you receive can be different depending on the hospital or doctor's office you choose. You can find more information about the quality of hospitals and doctors' offices with our Find a Doctor tool at www.bluecrossma.com/findadoctor.

