



Pre-Authorization (PA) Request Form

Please refer to current pre-authorization lists to verify if service requires pre-authorization. Lists are located at providers.bluecrossmn.com.

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit preservice prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at Availity.com to ensure a timely review.

Providers outside of Minnesota without electronic access can fax this form, along with clinical records to support the request, to (651) 662-2810.

This form should not be used for drug pre-authorizations (PA).

Patient Information	<input type="checkbox"/> Request for Urgent Review: By checking this box, I certify that applying the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function per Federal definition of "Urgent".					
	Member ID: _____			Group number: _____		
	Member name: _____			Date of birth: __ / __ / ____		
	Member address: _____					
	Member city/state/zip: _____					
Member phone: ___-___-_____						
Servicing/DME Provider Information	Contact person: _____			Phone: ___-___-_____		
	Servicing provider name: _____					
	Servicing provider ID/NPI number: _____					
	Servicing provider address: _____					
	City/state/zip: _____					
	Servicing provider phone: ___-___-_____			Servicing provider fax: ___-___-_____		
	Inpatient/Outpatient Facility name: _____			Facility ID: _____		
Ordering Provider Information	Ordering provider name: _____					
	Ordering provider ID/NPI number: _____					
	Ordering provider address: _____					
	City/state/zip: _____					
	Ordering provider phone: ___-___-_____			Ordering provider fax: ___-___-_____		
Services/Procedures/Items Requested	HCPC/CPT Code(s)	HCPC/CPT Code(s) Description	ICD-10 Diagnosis Code(s)	Start Date mm/dd/yy	End Date mm/dd/yy	DME Charge Information/MSRP (if applicable)

Description/Additional Information:

Total pages: _____