

Pre-authorization (PA) Request Form

Please refer to current pre-authorization lists to verify if service

Requires pre-authorization. Lists are located at

<https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>



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 <https://www.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: _____ | | | | | |
| Ordering Provider Information | Inpatient/Outpatient Facility name: _____ Facility ID: _____ | | | | | |
| | 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) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Description/Additional Information

Total pages: _____