

# Prior Authorization Form

## Premera Prior Authorizations Now Available on Availity

### Top 3 Reminders for Premera Prior Authorizations

1. Submitting prior authorizations through Availity gives you the fastest response.
2. Providers outside of WA, AK can now find Premera in every region on Availity.
3. Premera secure tools transition to Availity on September 10.

**Get all the complete details below.**

### Get a Faster Response Using Availity for Online Submission

You can now access online prior authorizations for Premera members through Availity and **get faster responses compared to faxed requests**. Highlights include:

- Submit inpatient and outpatient prior authorizations and get real-time status updates with the Auth/Referral Inquiry Tool
- View the Auth/Referral Dashboard to filter requests and check status
- Use Premera Code Check tool to see if prior authorization is required
- Save drafts automatically in your dashboard for 18 months
- Attach required documents to your request (up to 10 files)

### Providers Outside of WA, AK: Choose Premera as Payer

As a Premera provider outside of AK and WA, you can use your current Availity region to submit prior authorizations as if you're an in-area provider. Premera Blue Cross is now a payer available in the Authorizations & Referrals for all regions.

### Premera Secure Tools Transition to Availity on September 10

The following secure tools **will no longer be available** on Premera's secure provider website as of September 10:

- Eligibility and benefits
- Prior authorization and status
- Claims and payments
- Electronic funds transfer (EFT) includes enrollment and cancellation

Get a head start and begin using Availity now so that your office staff is up to speed on all things Availity **by September 10**. Visit [availity.com/premera](https://availity.com/premera) to register with Availity and get training.

### NOTE: Plans **not** served through Availity for prior authorizations:

Individual Plans (use Evolent secure portal)

Medicare Advantage Plans (use Advantasure secure portal)

FEP/Shared Administration (use Premera website at <https://www.premera.com/wa/provider/utilization-review/about-prior-authorization/>)

### For providers in Washington:

Get everything you need to know about Premera prior authorization at [premera.com/wa/provider/utilization-review/about-prior-authorization/](https://www.premera.com/wa/provider/utilization-review/about-prior-authorization/).

### For providers outside of Washington:

Visit your local Blue plan's provider website or [premera.com/wa/provider/outside-washington-alaska/](https://www.premera.com/wa/provider/outside-washington-alaska/).

**Note:** Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

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**PRE-SERVICE/  
PRIOR AUTHORIZATION  
REVIEW REQUEST – DME**

PBC fax to: 800-843-1114  
FEP fax to: 866-948-8823  
**(Handwritten faxes not  
accepted.)**



**HOME MEDICAL EQUIPMENT/PROSTHETICS/ORTHOTICS**

Request Date \_\_\_\_\_  
Anticipated Delivery Date \_\_\_\_\_

<b>MEMBER/PATIENT</b> _____ Date of Birth _____	
Member ID _____	Suffix _____ Group # _____
<b>REQUESTING PROVIDER:</b> _____	<b>SERVICING PROVIDER:</b> _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact person: _____	Contact person: _____
Tax ID <b>(required)</b> : _____	Tax ID <b>(required)</b> : _____
NPI # (if available): _____	NPI # (if available): _____

☐ **URGENT REQUEST**

**PLEASE NOTE: Scheduling issues do not meet the definition of urgent.**

Urgent requests must be signed and include supporting documentation from the provider's office, noting that standard timeframes for making a non-urgent determination could:

- Seriously jeopardize the life/health of the patient or the ability to regain maximum function, **or**
- Seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, **or**
- In the opinion of a provider with knowledge of the member's medical or behavioral condition, subject the patient to adverse health consequences without the requested care or treatment.

**I attest that this request meets the urgent definition described above: MD signature:** \_\_\_\_\_

**ICD Diagnosis Codes** \_\_\_\_\_

HCPSC Code	Requested Item	Quantity	Purchase Price	Or Rental Fee	Length of Rental

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