

Prior Authorization Form

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://www.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/>)

More information

[Watch a recorded webinar](#) to learn how to use Availity's prior authorization tool.

Visit [availity.com/premera](https://www.availity.com/premera).

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/).

This is not a pre-authorization of benefits nor a guarantee of payment. This admission notification is based on diagnosis and medical information submitted and is subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering dates of service. Unless specifically requested elsewhere in this document, please do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

Confidentiality Notice: The information contained in this facsimile message is privileged or confidential and intended only for the individual or entity named above. If the reader is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by calling 877-342-5258.

Admission/Concurrent Review Fax Form

Admission and discharge notification required. If we don't receive notification and medical records, claims may pend or deny.

Maternity Admission Exception: Maternity admission notifications are required only if the patient's stay is over 48 hours for vaginal birth or 96 hours for a C-section, from the date of delivery.

Complete and fax to: 888-742-1487 (Handwritten faxes not accepted.)

Complete all required* fields.	
*MEMBER/PATIENT _____ *Date of Birth _____ *Member ID _____ *Suffix _____ Group # _____	
Maternity only (NICU): Birth Mother's Name: _____ Baby Gender: _____ Twins: <input type="checkbox"/>	
Facility Contact: *Contact name: _____ *Phone: _____ *Fax: _____ Utilization Review Information: *Phone: _____ *Fax: _____	Facility: *Facility name: _____ *Address: _____ *City/State/ZIP: _____ *TIN # (required): _____ NPI # (if applicable): _____ *Type of Admit: (check only one box) Acute Inpatient: (Fax medical records to 888-742-1487 .) <input type="checkbox"/> Detox <input type="checkbox"/> Planned <input type="checkbox"/> Emergency <input type="checkbox"/> Neonatal intensive care unit (NICU) <input type="checkbox"/> Psychiatric admit <input type="checkbox"/> Direct admit from provider's office Lower Levels of Care: (Fax medical records to 888-742-1487 .) Prior authorization required for all lower levels of care listed below <input type="checkbox"/> Inpatient Rehab (IPR) <input type="checkbox"/> Long-term Acute Care (LTAC) <input type="checkbox"/> Residential Treatment Center (RTC) - Detox <input type="checkbox"/> Residential Treatment Center (RTC) <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Eating Disorder (Choose primary diagnosis above) <input type="checkbox"/> Skilled Nursing (SNF)
Admission: *Admit date: _____ Discharge date: _____ Pending <input type="checkbox"/> *ICD diagnosis code: _____ *Procedure code (CPT): _____ Required for Surgical Admissions	
Admitting Physician: *Physician name: _____ *Phone: _____ *Fax: _____ Hospitalist (Address same as Facility) <input type="checkbox"/> Not a Hospitalist (Address required below) <input type="checkbox"/> Address: _____ City/State: _____ ZIP: _____ TIN/NPI #: _____	

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