

IMPORTANT INSTRUCTIONS

WHEN USING OUR ONLINE FORMS PLEASE DOWNLOAD THE FORM FOR FULL FUNCTIONALITY

Please note we will only be accepting electronic and not handwritten forms starting 6/1/2021. For faster and more efficient processing please submit via the online portal.

We are asking Providers to use our online tools for the following requests. Please check codes online to confirm a review is required before submitting a prior authorization request. This will help ensure we are able to get to qualifying requests in a timely manner. We also encourage you to submit your request on the Portal for faster processing.

- Admissions and Discharges
- Patient Eligibility
- Prior Authorization Code Checks
- Prior Authorizations
- Status checks, even if faxed prior (for in area providers only)

A screenshot with the date included of the information found online can be used for verification documentation in the event you need to appeal.

For providers in Washington, Alaska:

Check it out today at:

WA: <https://www.premera.com/wa/provider/utilization-review/admission-notification/>

AK: <https://www.premera.com/ak/provider/utilization-review/admission-notification/>

For providers outside of Washington, Alaska:

Visit your local Blue plan's provider website or go to:

WA: [premera.com/wa/provider/outside-washington-alaska/](https://www.premera.com/wa/provider/outside-washington-alaska/)

AK: [premera.com/ak/provider/outside-washington-alaska/](https://www.premera.com/ak/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.

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.

Fax this completed form to 888-742-1487.

Complete all required* fields.	
*Member ID:	*Patient name:
*DOB:	
Maternity only (ill newborn):	
Birth Mother's Name:	Baby Gender:
Facility Contact: *Contact name: *Phone: *Fax: Utilization Review Information: *Phone: *Fax:	Facility: *Facility name: *Address: *City/State/ZIP: *TIN # (required): NPI # (if applicable):
Admission: *Admit date: *Discharge date: *ICD diagnosis code: Procedure code (CPT):	*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
Admitting Physician: *Physician name: *Hospitalist: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the following information is required: Address: City/State: ZIP: TIN/NPI #:	Lower Levels of Care: (Fax medical records to 888-742-1487.) <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)
Prior authorization required for all lower levels of care listed above.	

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