PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Prior Authorization Request Form

Please Expedite*
Justification for Expedited Request:

If no justification given, request will be processed as standard

Submit requests to:
www.premera.com/wa/provider/medicare-advantage
Fax: 866-809-1370
Phone: 855-339-8127

*Please ONLY check this option if the provider believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy (CMS definition)

1. Member Information & Background

Patient Name: ____________________

Member/Patient ID Number: ____________________

Patient DOB: __________ Pt. phone: __________

Patient Address: ____________________

____

ICD10Code(s): ____________________

CPT/HCPCS Code(s): ____________________

Date of Admission/Procedure: __________ TBD

Type: IP Hospital Office Surgery DME OP Diagnostics OP Surgery/ASC

Visits/Units/Days: ____________________

Authorization Date Span: __________ - __________

Previous auth # (if applicable): ____________________

Contact Name: ____________________

Contact Phone: __________ Fax: __________

Requesting Provider: ____________________

Requesting Provider NPI#: ____________________

Treating Provider: ____________________

Treating Provider NPI#: ____________________

Inpatient requests, include these providers:

Admitting Provider: ____________________

Admitting Provider NPI#: ____________________

Servicing Facility: ____________________

Svc Facility NPI#: ____________________

For inpatient services only: If overnight admission is planned, please provide justification (e.g. procedure on CMS inpatient only list). ***Note:*** *Must specify IP admission with appropriate code in CPT Code field above or services are assumed & reviewed as OP setting.*

Comments:

This form must be filled out completely. Chart notes are required and need to be submitted with this request. Incomplete requests will be returned to the requester.

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