

# Prior Authorization (PA) Request Form

Please refer to current prior authorization lists to verify if service requires prior 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 Essentials® 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 [Availity.com/essentials](http://Availity.com/essentials) 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).**

<b>Patient Information</b>	<input type="checkbox"/> <b>Request for urgent review:</b> 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: _____					
<b>Servicing/DME Provider Information</b>	Contact person: _____ Phone: _____					
	Servicing provider name: _____					
	Servicing provider ID/NPI number: _____					
	Servicing provider address: _____					
	City/state/ZIP: _____					
	Servicing provider phone: _____ Servicing provider fax: _____					
<b>Ordering Provider Information</b>	Ordering provider name: _____					
	Ordering provider ID/NPI number: _____					
	Ordering provider address: _____					
	City/state/ZIP: _____					
	Ordering provider phone: _____ Ordering provider fax: _____					
<b>Services/Procedures/Items Requested</b>	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)

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**Description/Additional Information**

**Total pages:** \_\_\_\_\_