

PRIOR AUTHORIZATION GENERAL REQUEST FOR ELECTIVE SURGERY, PROCEDURE, SERVICE OR DME (MA MEMBERS)

* Required Field

* Required Field

Enter Patient Information

Review Type:

Blue KC ID (Not SS#): * - -

Patient First Name: *

Patient Middle Initial:

Patient Last Name: *

Date of Birth: *

Patient Group ID: *

IDC-10 Diagnosis Codes: *

Diagnosis Codes must be 3-8 characters along with decimals

CPT or HCPCS Codes: *

(Include modifiers if applicable)

CPT/HCPCS codes must contain 5-9 characters

Units may contain up to 3 characters

 Units:

High Tech Radiology authorizations may go through eviCore. Please call for benefits prior to submission.

Date of Service/Admission Date: *

Procedure is scheduled as: *

 23-hr observation

 Outpatient

 Inpatient

Enter Provider Information

Contact First Name: *

Contact Last Name: *

Contact Email Address:

Contact Phone No: *

Contact Phone Ext:

Contact Fax No: *

Provider ID OR NPI: *

I am an Ordering Physician

 I am a Servicing Physician

Ordering Physician/Provider Name: *

Ordering Physician's Address: *

Ordering Physician's City: *

Ordering Physician's State: *

Ordering Physician's Zip: *

Ordering Physician's Email Address:

Ordering Physician's Phone No:

Ordering Physician's Fax No:

Servicing Physician's Name:

Servicing Physician's Address:

Servicing Physician's City:

Servicing Physician's State:

Servicing Physician's Zip:

Servicing Physician's Email Address:

Servicing Physician's Phone No:

Servicing Physician's Fax No:

Facility/Supplier Name: *

Facility NPI:

Facility/Supplier Address: *

Facility/Supplier City: *

Facility/Supplier State: *

Facility/Supplier Zip: *

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

Proposed Intervention:

History of condition (including duration of condition, previous failed conservative treatments, etc.): *

Signs and symptoms that justify the intervention (such as ominous characteristics of a lesion—size, shape, pigmentation and growth changes, failure of conservative treatments, complication of the current management plan, etc.): *

Durable Medical Equipment (DME)

- New Replacement
- Other

Submit this completed Prior Authorization form and all relevant supporting documentation:

By Fax

877-549-1744

By Mail

Blue Cross and Blue Shield of Kansas City
Central Operations (COPS) Blue KC MA & ACA
P.O. Box 419169
Kansas City, MO 64141

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal.

Y0126_21-634_C