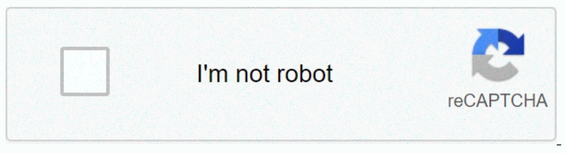
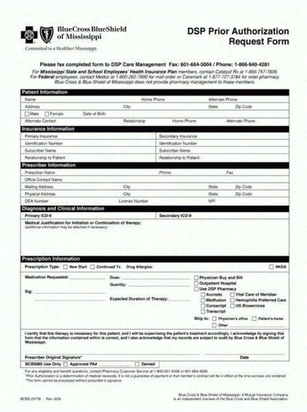


I am not robot!

Bcbs illinois prior authorization fax number. Bcbs illinois prior authorization form (pdf). Bcbs il iop fax form. Blue cross blue shield of illinois prior authorization form pdf. Bcbs of illinois prior authorization list 2023.

To ensure accurate information before providing care and services, always start by checking eligibility and benefits through Availity Essential or your preferred web vendor. This step confirms membership, coverage, and other details, including prior authorization requirements and utilization management vendors. Additionally, you can utilize the Medicaid prior authorization resources on our Provider website for Blue Cross Community Health PlansSM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The resources include prior authorization code lists with effective dates and related information, which are posted as PDFs that can be searched manually or by keyword. Recently, we introduced a digital lookup tool to provide an alternative way to view prior authorization requirements for BCCHP and MMAI members. This interactive tool allows you to perform a targeted search by entering a 5-digit code, service description, or drug name. The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare. It's essential to note that some services always require prior authorization, such as inpatient facility admissions. For more details, refer to our Medicaid prior authorization summary. The digital lookup tool is intended for reference purposes only and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services.



BlueCross BlueShield of Mississippi

Committed to a Healthier Mississippi

DSP Prior Authorization Request Form

Please fax completed form to DSP Care Management Fax: 601-664-5264 / Phone: 1-866-940-4381

For **Mississippi State and School Employees' Health Insurance Plan** members, contact Catalyst Rx at 1-866-757-7808.
For **Federal** employees, contact Medco at 1-800-260-1966 for mail order or Coremark at 1-877-727-2364 for retail pharmacy.
Blue Cross & Blue Shield of Mississippi does not provide pharmacy management to these members.

Patient Information

Name | Home Phone | Alternate Phone
Address | City | State | Zip Code
☐ Male ☐ Female | Date of Birth
Attorney Contact | Relationship | Home Phone | Alternate Phone

Insurance Information

Primary Insurance | Secondary Insurance
Identification Number | Identification Number
Subscriber Name | Subscriber Name
Relationship to Patient | Relationship to Patient

Prescriber Information

Prescriber Name | Phone | Fax
Office Contact Name
Mailing Address | City | State | Zip Code
Physical Address | City | State | Zip Code
DEA Number | License Number | NPI

Diagnostic and Clinical Information

Primary ICD-9 | **Secondary ICD-9**

Medical Justification for Initiation or Continuation of therapy:
(additional information may be attached if necessary)

Prescription Information

Prescription Type: ☐ New Start ☐ Continued Tx **Drug Allergies:** ☐ **NKDA**

Medication Requested: **Dose:**
Quantity:
Sig:
Expected Duration of Therapy:

☐ **Physician Buy and Bill**
☐ **Outpatient Hospital**
☐ **Use DSP Pharmacy**
☐ Accredo ☐ **Vital Care of Meridian**
☐ Medfusion ☐ **Hemophilia Preferred Care**
☐ Curascript ☐ **US Bioservices**
☐
☐

Ship to: ☐ **Physician's office** ☐ **Patient's home**
☐ **Other**

I certify that this therapy is necessary for this patient, and I will be supervising the patient's treatment accordingly. I acknowledge by signing this form that the information contained within is correct, and I also acknowledge that my records are subject to audit by Blue Cross & Blue Shield of Mississippi.

Prescriber Original Signature* **Date**

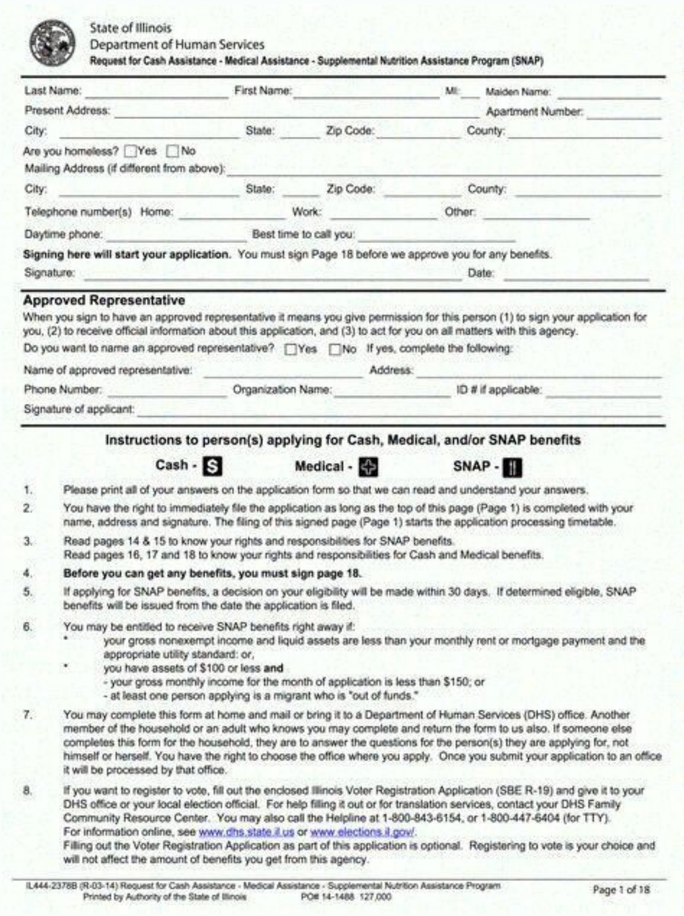
BCBSMS Use Only ☐ **Approved FAX** ☐ **Denied**

For any eligibility and benefit questions, contact Pharmacy Customer Service at 1-866-531-9258 or 601-664-4004.
*Prior Authorization is a determination of medical necessity. It is not a guarantee of payment or that member's contract will be in effect at the time services are rendered.
**This form cannot be processed without prescriber's signature

BCBS-2017B Rev. 8/09

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company
is an independent licensee of the Blue Cross and Blue Shield Association.

Blue cross blue shield of illinois prior authorization form pdf. Bcbs of illinois prior authorization list 2023.



State of Illinois
Department of Human Services
Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program (SNAP)

Last Name: _____ First Name: _____ MI: ___ Maiden Name: _____
Present Address: _____ Apartment Number: _____
City: _____ State: _____ Zip Code: _____ County: _____
Are you homeless? ☐Yes ☐No
Mailing Address (if different from above): _____
City: _____ State: _____ Zip Code: _____ County: _____
Telephone number(s) Home: _____ Work: _____ Other: _____
Daytime phone: _____ Best time to call you: _____
Signing here will start your application. You must sign Page 18 before we approve you for any benefits.
Signature: _____ Date: _____

Approved Representative

When you sign to have an approved representative it means you give permission for this person (1) to sign your application for you, (2) to receive official information about this application, and (3) to act for you on all matters with this agency.
Do you want to name an approved representative? ☐Yes ☐No If yes, complete the following:
Name of approved representative: _____ Address: _____
Phone Number: _____ Organization Name: _____ ID # if applicable: _____
Signature of applicant: _____

Instructions to person(s) applying for Cash, Medical, and/or SNAP benefits

Cash - S **Medical -** **SNAP -**

1. Please print all of your answers on the application form so that we can read and understand your answers.
2. You have the right to immediately file the application as long as the top of this page (Page 1) is completed with your name, address and signature. The filing of this signed page (Page 1) starts the application processing timetable.
3. Read pages 14 & 15 to know your rights and responsibilities for SNAP benefits.
   Read pages 16, 17 and 18 to know your rights and responsibilities for Cash and Medical benefits.
4. **Before you can get any benefits, you must sign page 18.**
5. If applying for SNAP benefits, a decision on your eligibility will be made within 30 days. If determined eligible, SNAP benefits will be issued from the date the application is filed.
6. You may be entitled to receive SNAP benefits right away if:
   * your gross nonexempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard: or,
   * you have assets of $100 or less **and**
   - your gross monthly income for the month of application is less than $150; or
   - at least one person applying is a migrant who is "out of funds."
7. You may complete this form at home and mail or bring it to a Department of Human Services (DHS) office. Another member of the household or an adult who knows you may complete and return the form to us also. If someone else completes this form for the household, they are to answer the questions for the person(s) they are applying for, not himself or herself. You have the right to choose the office where you apply. Once you submit your application to an office it will be processed by that office.
8. If you want to register to vote, fill out the enclosed Illinois Voter Registration Application (SBE R-19) and give it to your DHS office or your local election official. For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-800-447-6404 (for TTY).
   For information online, see www.dhs.state.il.us or www.elections.il.gov/.
   Filling out the Voter Registration Application as part of this application is optional. Registering to vote is your choice and will not affect the amount of benefits you get from this agency.

IL444-2378B (R-03-14) Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program
Printed by Authority of the State of Illinois PO# 14-1488 127,000 Page 1 of 18

Recently, we introduced a digital lookup tool to provide an alternative way to view prior authorization requirements for BCCHP and MMAI members. This interactive tool allows you to perform a targeted search by entering a 5-digit code, service description, or drug name. The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare. It's essential to note that some services always require prior authorization, such as inpatient facility admissions. For more details, refer to our Medicaid prior authorization summary. The digital lookup tool is intended for reference purposes only and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services. Remember, checking eligibility and benefits and/or obtaining prior authorization does not guarantee payment of benefits. Payment is subject to various factors, including but not limited to eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet or summary plan description. The final decision regarding any treatment or service remains between the patient and their healthcare provider. If you have any questions, please call the number on the member's BCBSIL ID card. **Prior Authorization for Healthcare Services** As a healthcare provider, it's essential to understand the process of obtaining prior authorization for services and treatments provided to Blue Cross and Blue Shield of Illinois (BCBSIL) Medicaid members. This applies to providers submitting claims for services rendered under either the Blue Cross Community MMAI or BCCHPS benefit plans. When prior authorization is required, you must obtain approval before performing the service. The assigned prior authorization number confirms that necessary review has been completed and benefits have been approved for coverage. Including this number on your claim submission ensures timely and accurate processing.
For electronic claims (837P and 837I transactions), include the prior authorization number in the 23rd Loop, REF02 element with a G1 qualifier in REF01 if it applies to all services rendered. For single service lines, submit it in the 24th Loop, REF02 element with a G1 qualifier in REF01. For paper claims, submit the prior authorization number in Box 23 of the CMS-1500 Professional claim form and Field 63 of the UB-04 Institutional claim form. Please note that preauthorization/pre-notification is not a guarantee of payment. Benefits will be determined once a claim is received and are based on member eligibility and certificate of coverage terms.

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____ **Plan/Medical Group Phone#:** (_____) _____
Plan/Medical _____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, b data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name: Last Name: MI: Phone Number:

Address: City: State: Zip Code:

Date of Birth: Male ☐ ☐ Female | Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____ | Allergies:

Patient's Authorized Representative (if applicable): Authorized Representative Phone Number:

Insurance Information

Primary Insurance Name: Patient ID Number:

Secondary Insurance Name: Patient ID Number:

Prescriber Information

First Name: Last Name: Specialty:

Address: City: State: Zip Code:

Requestor (if different than prescriber): Office Contact Person:

NPI Number (individual): Phone Number:

DEA Number (if required): Fax Number (in HIPAA compliant area):

Email Address:

Medication / Medical and Dispensing Information

Medication Name:

☐ New Therapy ☐ Renewal
If Renewal: Date Therapy Initiated: Duration of Therapy (specific dates):

How did the patient receive the medication?
☐ Paid under Insurance Name: Prior Auth Number (if known): _____
☐ Other (explain):

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:

Administration:
☐ Oral/SL ☐ Topical ☐ Injection ☐ IV ☐ Other:

Administration Location:
☐ Physician's Office ☐ Patient's Home ☐ Long Term Care
☐ Ambulatory Infusion Center ☐ Home Care Agency ☐ Other (explain): _____
☐ Outpatient Hospital Care

New 08/13

The resources include prior authorization code lists with effective dates and related information, which are posted as PDFs that can be searched manually or by keyword. Recently, we introduced a digital lookup tool to provide an alternative way to view prior authorization requirements for BCCHP and MMAI members. This interactive tool allows you to perform a targeted search by entering a 5-digit code, service description, or drug name. The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare. It's essential to note that some services always require prior authorization, such as inpatient facility admissions. For more details, refer to our Medicaid prior authorization summary. The digital lookup tool is intended for reference purposes only and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services. Remember, checking eligibility and benefits and/or obtaining prior authorization does not guarantee payment of benefits. Payment is subject to various factors, including but not limited to eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet or summary plan description. The final decision regarding any treatment or service remains between the patient and their healthcare provider.
If you have any questions, please call the number on the member's BCBSIL ID card. **Prior Authorization for Healthcare Services** As a healthcare provider, it's essential to understand the process of obtaining prior authorization for services and treatments provided to Blue Cross and Blue Shield of Illinois (BCBSIL) Medicaid members. This applies to providers submitting claims for services rendered under either the Blue Cross Community MMAI or BCCHPS benefit plans.
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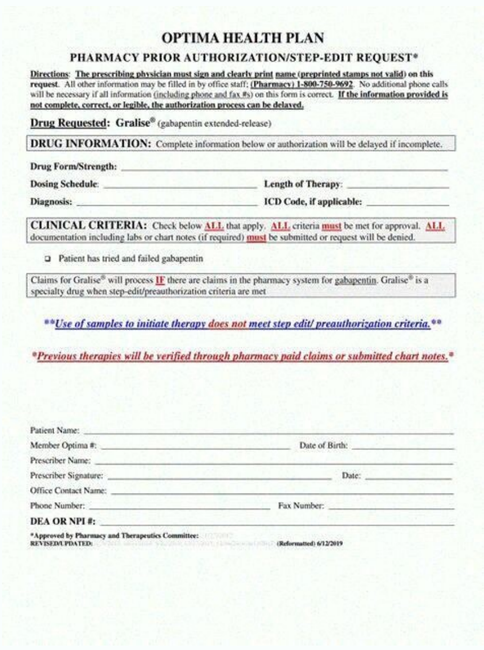


OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **(Pharmacy) 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Gralise® (gabapentin extended-release)

DRUG INFORMATION: Complete information below or authorization will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below **ALL** that apply. **ALL** criteria **must** be met for approval. **ALL** documentation including labs or chart notes (if required) **must** be submitted or request will be denied.

❑ Patient has tried and failed gabapentin

Claims for Gralise® will process **IF** there are claims in the pharmacy system for gabapentin. Gralise® is a specialty drug when step-edit/preauthorization criteria are met

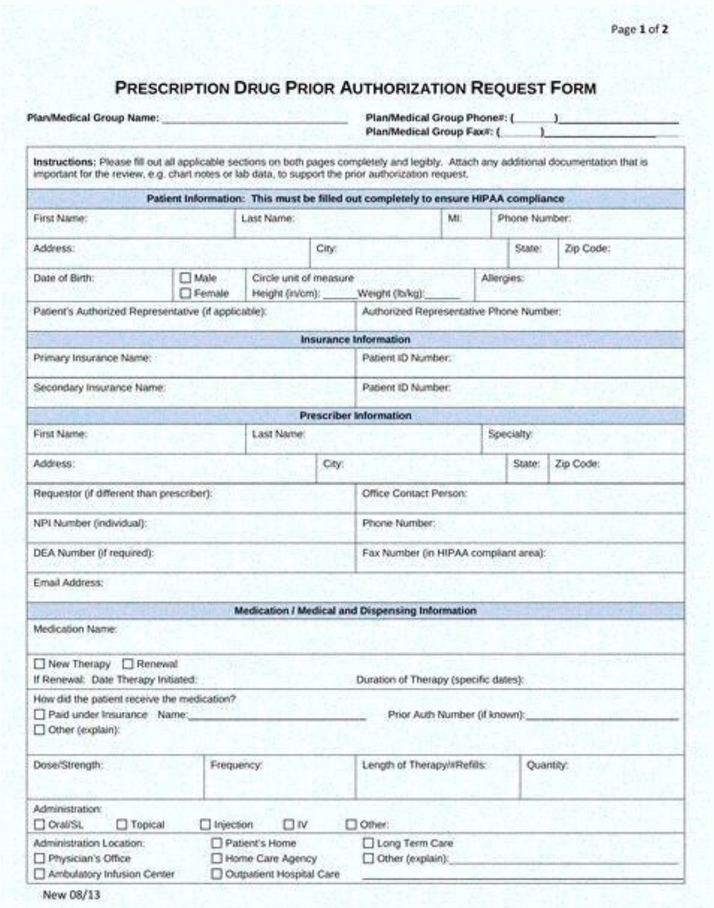
Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____
Member Optima #: _____ Date of Birth: _____
Prescriber Name: _____
Prescriber Signature: _____ Date: _____
Office Contact Name: _____
Phone Number: _____ Fax Number: _____
DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee:
REVISED/UPDATED: (Reformatted) 6/12/2019

The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare. It's essential to note that some services always require prior authorization, such as inpatient facility admissions. For more details, refer to our Medicaid prior authorization summary. The digital lookup tool is intended for reference purposes only and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services. Remember, checking eligibility and benefits and/or obtaining prior authorization does not guarantee payment of benefits. Payment is subject to various factors, including but not limited to eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet or summary plan description.
The final decision regarding any treatment or service remains between the patient and their healthcare provider. If you have any questions, please call the number on the member's BCBSIL ID card. **Prior Authorization for Healthcare Services** As a healthcare provider, it's essential to understand the process of obtaining prior authorization for services and treatments provided to Blue Cross and Blue Shield of Illinois (BCBSIL) Medicaid members.



PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____ **Plan/Medical Group Phone#:** (_____)_____
Plan/Medical Group Fax#: (_____)_____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name: Last Name: MI: Phone Number:

Address: City: State: Zip Code:

Date of Birth: ☐ Male ☐ Female | Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____ | Allergies:

Patient's Authorized Representative (if applicable): Authorized Representative Phone Number:

Insurance Information

Primary Insurance Name: Patient ID Number:

Secondary Insurance Name: Patient ID Number:

Prescriber Information

First Name: Last Name: Specialty:

Address: City: State: Zip Code:

Requestor (if different than prescriber): Office Contact Person:

NPI Number (individual): Phone Number:

DEA Number (if required): Fax Number (in HIPAA compliant area):

Email Address:

Medication / Medical and Dispensing Information

Medication Name:

☐ New Therapy ☐ Renewal
If Renewal: Date Therapy Initiated: Duration of Therapy (specific dates):

How did the patient receive the medication?
☐ Paid under Insurance Name: _____ Prior Auth Number (if known): _____
☐ Other (explain):

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:

Administration:
☐ Oral/SL ☐ Topical ☐ Injection ☐ IV ☐ Other:

Administration Location:
☐ Physician's Office ☐ Patient's Home ☐ Long Term Care
☐ Ambulatory Infusion Center ☐ Home Care Agency ☐ Other (explain): _____
☐ Outpatient Hospital Care

New 08/13

Additionally, you can utilize the Medicaid prior authorization resources on our Provider website for Blue Cross Community Health PlansSM and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The resources include prior authorization code lists with effective dates and related information, which are posted as PDFs that can be searched manually or by keyword. Recently, we introduced a digital lookup tool to provide an alternative way to view prior authorization requirements for BCCHP and MMAI members. This interactive tool allows you to perform a targeted search by entering a 5-digit code, service description, or drug name. The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare. It's essential to note that some services always require prior authorization, such as inpatient facility admissions. For more details, refer to our Medicaid prior authorization summary. The digital lookup tool is intended for reference purposes only and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services. Remember, checking eligibility and benefits and/or obtaining prior authorization does not guarantee payment of benefits. Payment is subject to various factors, including but not limited to eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet or summary plan description. The final decision regarding any treatment or service remains between the patient and their healthcare provider. If you have any questions, please call the number on the member's BCBSIL ID card. **Prior Authorization for Healthcare Services** As a healthcare provider, it's essential to understand the process of obtaining prior authorization for services and treatments provided to Blue Cross and Blue Shield of Illinois (BCBSIL) Medicaid members. This applies to providers submitting claims for services rendered under either the Blue Cross Community MMAI or BCCHPS benefit plans. When prior authorization is required, you must obtain approval before performing the service. The assigned prior authorization number confirms that necessary review has been completed and benefits have been approved for coverage. Including this number on your claim submission ensures timely and accurate processing. For electronic claims (837P and 837I transactions), include the prior authorization number in the 23rd Loop, REF02 element with a G1 qualifier in REF01 if it applies to all services rendered. For single service lines, submit it in the 24th Loop, REF02 element with a G1 qualifier in REF01. For paper claims, submit the prior authorization number in Box 23 of the CMS-1500 Professional claim form and Field 63 of the UB-04 Institutional claim form. Please note that preauthorization/pre-notification is not a guarantee of payment.
Benefits will be determined once a claim is received and are based on member eligibility and certificate of coverage terms. If you have questions, call the phone number on the member's ID card. This material provides general information only and should not replace independent medical judgment.
Use your own professional judgment to determine appropriate treatment courses. Important: Some health services and medications require approval from Blue Cross and Blue Shield of Illinois (BCBSIL) before coverage is granted.
This ensures you receive the right care at the right time. Here's how prior authorization works: Your doctor submits a request for prior authorization before ordering tests or medication. If not approved, your insurer notifies you and your doctor, allowing you to choose an alternative treatment option or provide more information for review. If your providers are out-of-network, you're responsible for obtaining prior authorization; otherwise, your health plan may not cover the costs. Certain healthcare services, like diagnostic images and complex care, require prior authorization before treatment. Your provider will know to request it, but don't hesitate to ask. Each plan is unique, so it's always best to inquire. To track your prior authorizations, log in to your Blue Access for MembersSM (BAMSM) account on your computer or mobile app and set notification preferences to receive updates via email or text. Prescription drugs that require prior authorization include those with potential risks when used with other medications, FDA-approved drugs prescribed for different health issues, and misused substances. You can find out which drugs need approval by visiting MyPrime.com (if you have Prime Therapeutics*) or calling the customer service number on your member ID card. If a drug or service needs prior authorization: * If seeing an in-network doctor, your doctor will submit the request. * If seeing an out-of-network doctor, contact BCBSIL to obtain prior authorization. * Call the customer service number on your member ID card to determine next steps. What happens if my prior authorization isn't approved?
* You and your doctor may change treatment plans. * If you receive the service or drug without prior authorization, you'll be responsible for the costs. * You have the right to appeal the decision. Information about the appeal process is included with the decision notification and in your benefits documents.

Note: * Depending on your plan, Prime Therapeutics may not handle your prescription drug benefits. Check your member ID card or call the Pharmacy Program number for more information.