



Medicare Advantage

PREAUTHORIZATION REQUEST FORM

FAX COMPLETED FORM WITH SUPPORTING MEDICAL DOCUMENTATION TO:
844-328-5952

SECTION 1 - MEMBER INFORMATION

Form with fields: First Name, Last Name, Date of Birth, Medicare #

SECTION 2 - HEALTHCARE PROVIDER INFORMATION

Form with fields: Referring Provider Name, Office Phone #, Servicing Provider Name, Office Phone #, Vendor/Facility Name & Address, Provider's Specialty, Referring Provider Fax #, Servicing Provider NPI #, Servicing Provider Fax #, Vendor/Facility NPI

DME Request Inpatient Request Outpatient Request

SECTION 3 - SERVICE INFORMATION

*CPT codes are used to determine the type of services requested. Authorization of these services assumes that you will bill with codes billable under the current Medicare Fee Schedule. Please contact your Provider Relations representative if you have any questions.

Table with 2 columns: Diagnosis Code(s), Diagnosis Code Description(s); CPT/HCPCS Code(s), CPT/HCPCS Code Description(s)

Admit Date/Scheduled Date of Service:

SECTION 4 - ADDITIONAL INFORMATION

NOTE: This request must be accompanied by a physician's order and/or all other pertinent clinical documentation for appropriate evaluation. Additional documentation may include, but is not limited to:
- Physicians' Orders - Progress Notes - Clinical Summary
Diagnostic Test Results - Prior Treatments - Discharge Information

For DME: Physician's Order Attached Certificate of Medical Necessity (CMN) Attached

SECTION 5 - APPROVAL INFORMATION (For Health Plan Only)

Form with fields: Authorization #, Approval Date Range, Approval Date, Reviewer/Approver

SECTION 6 - REQUESTOR INFORMATION

Form with fields: Contact Name, Callback Phone #, Callback Fax #, Date of Request (All standard requests will be responded to within 14 calendar days of receipt by Health Services Dept.)

SECTION 7 - URGENT REQUEST

Provider believes that waiting for a decision under the standard timeframe will place member's life, health or ability to regain maximum function in serious jeopardy.

Yes, then please call 1-844-386-6762 for expedited review. No

If you need to speak to a Utilization Management Representative, call 1-800-730-8543 Option "1".
SERVICES ARE NOT CONSIDERED AUTHORIZED UNTIL CAREFIRST BLUECROSS BLUESHIELD MEDICARE ADVANTAGE ISSUES AN APPROVAL. This authorization does not guarantee payment of claim.
All authorizations are subject to eligibility requirements and benefit plan limitations.

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