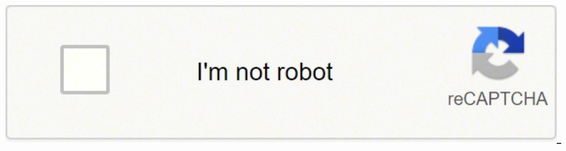

Continue

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Capital blue insurance prior authorization form

BlueCross BlueShield of North Carolina

BlueMedicare HMO℠ BlueMedicare PPO℠

Drug Prior Authorization Request Form

(Incomplete Form May Delay Processing)

Prescriber Information		Patient Information	
Physician Name:		Patient Name:	
Office Contact Person:		Patient ID # :	
Office Phone # :	Office Fax # :	Home Phone # :	
Address:		Sex (circle): M F	DOB:
City:	State: Zip		

Medication Requested		
Medication:	Strength and Route of Administration:	Frequency:
☐ New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:	Qty: per: days

Rationale for Prior Authorization
FORM CANNOT BE PROCESSED WITHOUT EXPLANATION

Diagnosis: _____

What other drug(s), if any, has the patient taken in the past for this condition, and what was the patient's response? _____

Part D vs. Part B coverage: Certain drugs require prior authorization because Part D coverage of these drugs is available only if coverage is not available under Part B. (See the CMS Coverage database at www.cms.gov/medicare-coverage-database/ or DME MAC Jurisdiction C at www.dmecmac.com/ for Part B drug coverage clarification.)
If pertinent, specify below why this drug(s) is covered under the Part D benefit rather than Part B:

_____

_____

Additional information we should consider (attach any supporting documents): _____

_____

_____

I certify that, to the best of my knowledge, the above information is accurate.

Physician Signature: _____ Date: _____

Please Return Completed Form to: Fax number: 1-888-445-8535
Address: BCBSNC, Attention: Exceptions-Healthcare Services
P.O. Box 17539, Winston-Salem, NC 27116-7539
Provider telephone: 1-888-299-9750

11/2011

BlueCross BlueShield of Kansas

SOVALDI® DAKLINZA™
PRIOR AUTHORIZATION
Physician Fax Form

BCBS Kansas REQUIRES that this form be completed by the prescriber. This form is for prospective, concurrent and retrospective reviews.
The following documentation is REQUIRED for prior authorization. Incomplete forms will be returned for additional information.
To ensure you are submitting this form correctly, you can complete and submit it directly to us online at www.prescriberinfo.com
For formulary information, please visit the Blue Cross and Blue Shield of Kansas website at www.bcbsks.com

Today's Date: _____

PATIENT AND INSURANCE INFORMATION

Patient Name (First):	Last:	M F	DOB (mm/dd/yyyy):
Patient Address:	City, State, Zip:	Patient Telephone:	
ID Number:	Group Number:		

PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Please note: Pegasys® is preferred and must be tried prior to approval of other peginterferon products unless inappropriate for patient.

Patient's Diagnosis: ☐ Chronic Hepatitis C, please provide Genotype: _____ Date of Diagnosis: _____
☐ Hepatocellular carcinoma due to chronic Hepatitis C ☐ Other, ICD code plus description: _____

Medication Requested:	Strength:
Dosing Schedule:	Expected duration of treatment:

ALL PATIENTS

1. Is the patient **currently being treated** with the requested medication? ☐ Yes ☐ No
   If yes, when was treatment with the requested medication started? _____
2. Has the patient's hepatitis C infection been confirmed by serological reactions? ☐ Yes ☐ No
3. Is the prescriber a specialist (e.g. hepatologist) or has the prescriber consulted with a specialist? ☐ Yes ☐ No
4. Has the patient been previously treated for hepatitis C? ☐ Yes ☐ No
   If yes, provide previous regimen: _____
5. Does the patient have any of the following? (check all that apply)
   ☐ Membranoproliferative glomerulonephritis ☐ HIV-1 co-infection ☐ Hypersensitivity to interferon
   ☐ Is pregnant OR has a pregnant partner ☐ Hemoglobinopathies ☐ Nephrotic syndrome
   ☐ Decompensated hepatic disease ☐ Autoimmune hepatitis or other autoimmune disorders
   ☐ Creatinine clearance <50 mL/min ☐ Chronic hepatitis B infection ☐ Proteinuria ☐ Cirrhosis
6. Has the patient had a liver transplant? ☐ Yes ☐ No
7. Will the patient be concurrently treated with a moderate CYP3A4 inhibitor (e.g. atazanavir, modafinil, nelfinavir)? ☐ Yes ☐ No
8. Please list all reasons for selecting the requested **medication, quantity and dosing schedule** over alternatives (e.g. contraindications, allergies or history of adverse drug reactions to alternatives, lower dose tried.): _____
9. Please list all medications that will be used in **combination** with the requested medication: _____
10. Please list all other medications the patient is **currently** taking: _____

FOR PATIENTS WITH HEPATOCELLULAR CARCINOMA

11. Does the patient have either of the following:
    - Single hepatocellular carcinoma with a tumor size of ≥ 5 cm in diameter ☐ Yes ☐ No
    - Multiple tumors with ≥ 3 nodules and each of these being ≤ 3 cm in diameter ☐ Yes ☐ No

    If yes, does the tumor(s) have extrahepatic manifestations of cancer or evidence of vascular invasion? ☐ Yes ☐ No

This optional prescription order form can be used for Prime Therapeutics Specialty Pharmacy LLC (877-828-3628)

MEDICATION	STRENGTH	QUANTITY	DIRECTIONS FOR USE	REFILLS

☐ Ancillary supplies as needed per injection (i.e. needles, syringes, alcohol wipes) Does the patient require training? ☐ Yes ☐ No

Prescriber Signature (required): _____ Date: _____

Please fax or mail this form to:
Prime Therapeutics LLC
Clinical Review Department
1305 Corporate Center Drive
Eagan, Minnesota 55121
TOLL FREE
Fax: 877.480.8130 Phone: 866.468.5868

CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 866.468.5868, and return the original message to Prime Therapeutics via U.S. Mail. Thank you for your cooperation.

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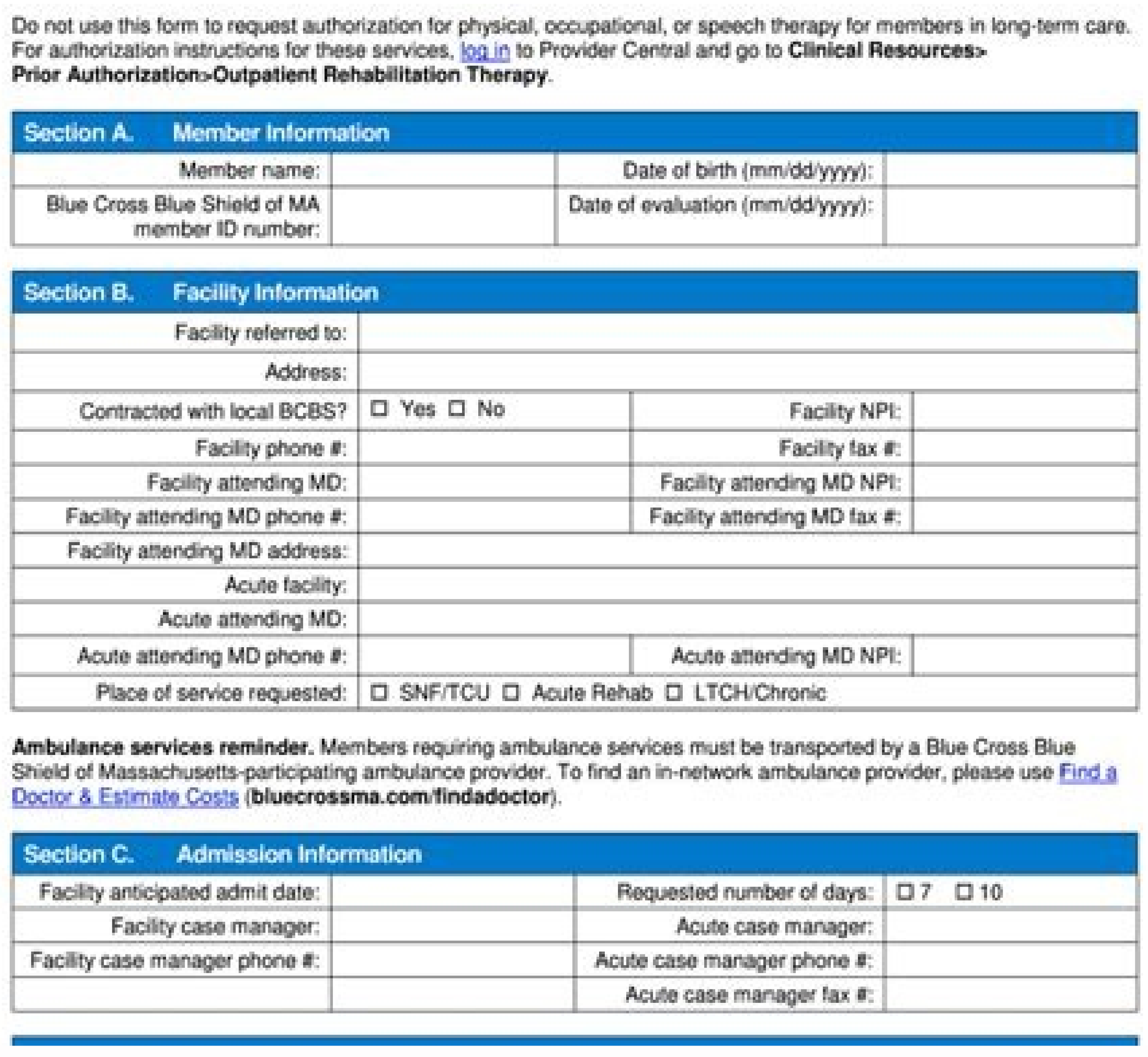


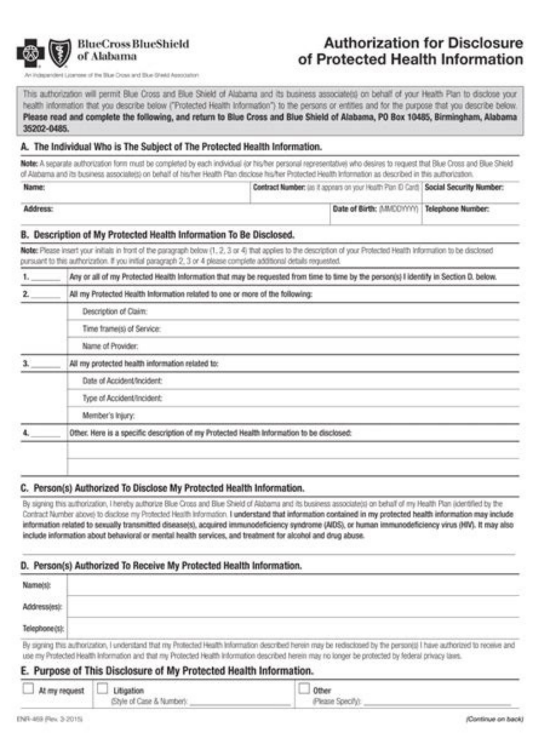
Do not use this form to request authorization for physical, occupational, or speech therapy for members in long-term care. For authorization instructions for these services, log in to Provider Central and go to **Clinical Resources> Prior Authorization>Outpatient Rehabilitation Therapy**.

Section A. Member Information			
Member name:		Date of birth (mm/dd/yyyy):	
Blue Cross Blue Shield of MA member ID number:		Date of evaluation (mm/dd/yyyy):	

Section B. Facility Information			
Facility referred to:			
Address:			
Contracted with local BCBS?	☐ Yes ☐ No	Facility NPI:	
Facility phone #:		Facility fax #:	
Facility attending MD:		Facility attending MD NPI:	
Facility attending MD phone #:		Facility attending MD fax #:	
Facility attending MD address:			
Acute facility:			
Acute attending MD:			
Acute attending MD phone #:		Acute attending MD NPI:	
Place of service requested:	☐ SNF/TCU ☐ Acute Rehab ☐ LTCH/Chronic		

Ambulance services reminder. Members requiring ambulance services must be transported by a Blue Cross Blue Shield of Massachusetts-participating ambulance provider. To find an in-network ambulance provider, please use Find a Doctor & Estimate Costs (**bluecrossma.com/findadoctor**).

Section C. Admission Information			
Facility anticipated admit date:		Requested number of days:	☐ 7 ☐ 10
Facility case manager:		Acute case manager:	
Facility case manager phone #:		Acute case manager phone #:	
		Acute case manager fax #:	



Standard Authorization Form To Use or Disclose Protected Health Information (PHI)

What is capital blue insurance.

This is also applied to Bluecardâ® suppliers (suppliers outside the State that hire with another Blue Cross Blue Shield plan) outside North Carolina. The tool guides it through all the forms you need so you can avoid monitoring calls to obtain additional information. Eligibility, manage claims and more. Authorization of behavioral health services to include applied behavioral discomfort (ABA). List of revision and certification prior certification What is the review and prior certification necessary? What types of procedures may require a prior review and certification? CBA is a separate company that manages the benefits of mental health and substance abuse in the name of Bluecross. Limitations, copagings and restrictions can be applied. You must obtain claim forms of the local blue plan to process your claims. The pre -authorization requirements for ASO products are specific to the contract; Medicaid requirements can be found here. How does it work? The benefits, the form, the pharmacy network, the premium and/or co -co -eguros can change on January 1 of each year. When it is not, we will review your application, taking into account: some requests may require additional documentation. Services carried out by a supplier of medical attention outside the network or not Bluecardâ® ambulance services of the medical attention outside the State (the Emergency Ambulance does not require a prior revision) certain transplants of equipment Mã © Durable dicos (dme) sí³lido (eg huggen) or surgery of misma Ósea/cã © Mother and/or outpatient procedures What can my supplier request a review and prior certification? Send a previous Reviewed by Blue Cross Blue Shield. Â © 2022 Capital Blue Cross All rights reserved. Health benefits programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Companyâ®, Capital Advantage Assurance Company â® and Keystone Health Planâ® Central. Get in touch with the plan to obtain more information. Call members' services to obtain information. Capital Blue Cross Authorization Authorization Authorization form Capital Blue Cross Authorization Form PDF Capital Blue Cross Provider Form of Capital Appeal Form Blue Cross Anterior Authorization Authorization No. Capital Blue Cross is is is is is is is is is is is is is is is is is is is is is is is is is is is is there is is is is is is is is is a plan HMO, Ppo with a Medicare contract. Call the services of medicines suppliers for more dicos benefits (customer service representatives can also be transferred to the correct department for the friendly experience for members if necessary). A decision has been taken. service claims) A decision is taken within the three hasses after the obtaining of all necessary information. The notification for approvals and denials are taken to the member or the designated of the member and the supplier of medical attention of the member by telí © phono and in writing. service claims) A decision is taken within 72 hours after reception of the application. Sud and passage urgent are 24 hours Medicare Urgent B - Within 72 hours Medicare Urgent D is delegated to esi - within 24 hours the ion for approvals and denials is notified to the member of the member or the service provider Mã © Del Member by and in writing. written. A decision is taken within 24 hours or a huge day (what happens first) after the reception of the application. The notification of approval and denials is made to the member or designated of the member, which may be satisfied with the warning of the medical attention of the supplier member by telí © phono and in writing. Post-service is taken a decision within the 30 days after reception of the necessary information. To find a previous authorization form, visit our forms pages or click on the links below: Reviewed by our partners, prior authorization requests for the following services are reviewed by our partners. If there is no update within this time of time, the list will remain unchanged until the next quarter. The notifications for the denials are made to the member or designated of the member and the supplier of medical attention in writing. "Medicar will part B within the 60 calendar days. CROSS NC blue should be notified of an urgent or urgent admission or Emergency for the second day of the admission. Hospital maternity remains more than 48 hours after vaginal delivery or 96 hours after a cesírea private service, a specialized nursing center , acute admissions of rehabilitation (short -term hospital recovery), homemade care (including nursing and some infusion at home). The independent licensees of the Blue Cross Blue Cross association attend 21 counties in the center of Pennsylvania and The Lehight Valley. This works for the pre -authorization of drugs. S of suppliers for all companies. If prior review is required and certification may depend on your benefit plan Cross NC. Once notified of the admission, the medical information is applied against Interqualâ® criteria for the review of the attention level. Follow these steps for commercial commercials Members of Medicare Advantage. We offer these convenient options: MÃ © dicos forms (MFRC) Resource Center: This lalic tool facilitates the sending requests for prior authorization for certain services. Always verify the benefits through the voice response unit (VRU) or my insurance insurance to determine whether prior authorization is required. You may want to consult with your medical attention provider to ensure that a previous review was obtained before having the service or the questioning procedure. The service management services for certain products are provided by Wellspan Health. The music or your office must request the Blue Cross NC review. Find out if a code needs prior authorization. This includes: ã ¢ 3. certain services require a prior review and certification of Blue Cross NC before they can be covered by their health insurance plan. The following procedures generally require a prior review and certification:, hospitalization admissions (with the exception of maternity admissions), elective, planned beforehand or not related to an emergency. The information information provided is a brief summary, not a complete description of the benefits. For suppliers outside the network, you are responsible for guaranteeing that the outskirts outside the network have requested a review and prior certification of Blue Cross NC before the service is performed. The responsibility of requesting a prior review and certification for suppliers of the North Carolina Network or specialists in the Blue Cross NC network will request a prior review for you. Prior authorization for more dices when requesting a prior authorization from us, we want the process to be wip, faviated and precise. Your medical attention provider can use any of following ways of requesting a review and prior certification: By telí © phono: Blue Cross NC Usation Management at 1-800-672-7897 from Monday to Friday at 8 a.m. Ã ¢ â,¬, 5 p.m. ET per fax: application form. Some services require prior authorization (pre -authorization) (pre -authorization) They are done. You must continue paying your cousin of Medicare B. See our pharmacy pinge to access the form to obtain details. LIST OF COJER OF REVIEW AND PREVIOUS CERTIFICATION: This list is provided only for the information of the members. The obtaining of a previous authorization helps us to pay for more pushed claims without denied charges, or unexpected costs for our members. Urgent/emergency admissions do not require prior authorization. In many cases, the approval is instant. This process allows us to verify in advance if the services comply with the criteria for the coverage of the health plan of a member. Many of our plans require prior authorization for certain procedures and teams. Its benefits brochure has more information about the revision and prior certification that is specific to your policy. Applications of the following services can be done by fax or mail. 1. PRIOR APPROVAL OF THE PLANNING PLANNING PREVIOUS PROSPECTIVE REVIEW PRECARTIFICATION OF CERTIFICATION IN CASE OF EMERGENCY, NO PREVIOUS REVIEW AND CERTIFICATION IS REQUIRED. It is a supplier tool and is updated quarterly, within the first 10 days of January, April, July and October. You should start session. . It must be registered in part B of Medicare (medical insurance) and be entitled to medicate part to (hospitable insurance) to register in this plan. The registration of Blue Cross capital depends on the renewal of the contract. For the pharmacy, call customer service for drugs for pharmacy benefits. It is important to take into account: for members of the D Medicare Advantage, the application goes directly to Express Scripts (ESI). The review and prior certification ensure that: its benefits The service in question, the service is more necessary according to Blue Cross NC Medical Policy, the service is carried out in the correct attention environment, the supplier is correctly identified how special circumstances are identified outside the network that require specific types of specific types of review and monitoring note: Blue Cross NC can certify a service received outside the network at the level of benefit on the network if the service is not reasonably available on the network or If there is a problem of continuity of attention. Always check your benefit brochure to obtain specific information about your plan. Members can register on the plan only for a few specific years. POST. Table 2048 Southeastern, PA 19399 The claims forms are for processed claims â € â € ‹By capital Blue Cross within our service of 21 counties at the center of Pennsylvania and Lehight Valley. The tool guides it through all the forms you need so you can avoid monitoring calls to obtain additional information. The Blue Cross capital service bucket includes these counties: Adams, Berks, Center County, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Líbano, Lehight, Miflin, Montour, Northampton, Northumberland, Perry, Schuylkill , Snyder, Union, Union, Union and York. Check your application status/decisive in line "Once an application is sent, you can visit Healthenet to verify the status of prior authorization. If you receive services outside the area of 21 Capital Counties Blue Cross, another blue plan can Have an agreement to process your claims, despite the fact that your coverage is with Blue Cross capital. To request prior authorization, contact alternative complementary benefits (CBA) using one of the following options: call 800-868-1032 Resource Center: This lalic tool facilitates the world health discs sending prior authorization of behavioral health. requests requests

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