

Referral Form — Alternative Therapies for Chronic Pain Management

Note: This benefit is available only to members 21 years of age or older. The intent of the services is to provide complementary and alternative therapy coordinated by the PCP, in an effort to provide alternatives to opioid use.

Please submit your request to Healthy Blue at https://www.availity.com* or via fax at 844-886-2750. We will make a determination within 36 hours, including one business day, and send an authorization determination letter via fax with our determination to the treating provider.

The combination of physical therapy, chiropractic therapy, and acupuncturist services are subject to an annual maximum of 30 visits or 120 units of service per year with 1 unit equaling 15 minutes.

Forms can be obtained at https://provider.healthybluemo.com. We will make a determination within 36 hours, including one business day.

Date:
Patient information
Member name (Last, First, MI):
Member address:
Member DOB:
Subscriber ID #:
Referring provider information
Name of referring MD or DO:
Requesting provider NPI #:
Requesting provider tax ID #:
Office address:
Phone number:
Fax number:
Contact name for questions about the referral:

https://provider.healthybluemo.com

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

BMOPEC-0748-21 September 2021

^{*} Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

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Reason for referral (Please select the box next to the qualifying pain category.)
☐ Chronic non-cancer neck and/or back pain
☐ Chronic pain post-traumatic injury
☐ Other chronic pain diagnosis
Diagnosis (required to be qualifying code, as outlined by MO HealthNet)
ICD-10-CM code(s):
CPT® code(s):
Clinical information:
Treating provider information
Provider specialty: ☐ Chiropractor ☐ Physical therapist ☐ Acupuncturist
Provider name:
Provider NPI # (if known):
Provider office address:
Provider phone:
Provider fax: