

Precertification Request

 Healthy Blue prior authorization: **1-800-964-3627**

 To prevent delay in processing your request, please fill out the form in its entirety with all applicable information. Please submit your request via the [Healthy Blue web portal](#).

Today's date:
Provider fax #:

Member information				
First name:		Last name:		
Address:		City, State, ZIP:		
Member ID:		Contact phone:		
DOB:		Additional member information:		
Requesting provider <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating				
Full name:		Specialty:		
Provider ID:		TIN:		NPI:
Office contact name:		Office phone:		Office fax:
Address:		City, State, ZIP:		
Servicing provider (billing) <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating				
Full name:		Specialty:		
Provider ID:		TIN:		NPI:
Office contact name:		Office phone:		Office fax:
Address:		City, State, ZIP:		
Servicing facility <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating				
Full name:		Specialty:		
Provider ID:		TIN:		NPI:
Facility contact name:		Facility phone:		Office fax:
Address:		City, State, ZIP:		
Requested service (for type of service, check all that apply)		Date/range of service:		
ICD-10 codes:				
CPT® or HCPCS codes (include requested units):				
Type of service:	<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services and supports <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment (DME) (<input type="checkbox"/> rental <input type="checkbox"/> purchase) <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other			
Place of service:	<input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other			
Additional information: Please note for DME if this is a purchase or rental. Please note if this is an urgent or standard request.				

<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.

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Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Healthy Blue, provide the authorization number with your submission.

Emergent — Use for **all** non-elective inpatient admissions only when provider indicates that the admission is urgent, emergent or expedited (for admission on same day).

Urgent — Use for **outpatient** services only when provider indicates that the service is urgent, emergent or expedited.

Disclaimer: This is not a guarantee of payment. All services are subject to any and all plan provisions, limitations and patient eligibility at the time services are rendered.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Providers: You are required to return, destroy or further protect any PHI that you receive pertaining to patients who you are not treating. You are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.