Authorization Form



Fax: 1-800-586-2299

Complete this form to submit authorizations for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. members for inpatient, outpatient and offices services that require an authorization directly from our authorization department. Do not use this form for authorizations processed by Carelon Medical Benefits Management (Carelon), Express Scripts, Inc. or Lucet, etc.

Failure to fully complete this form could delay your authorization processing.

PATIENT DATA	Last Name First Name		Middle Initial	
Contract/Subscriber ID Number				Date of Birth
CLINICAL DATA	☐ Inpatient Admit/Surgery ☐ Outpatient Procedure/Service			Office
Diagnosis Code(s) (ICE	s) (ICD-10) CPT® Code(s)			
Number of Visits Requested (If Applicable) Date of Service/Admi				Date
REQUESTING PHYSICIAN	Last Name First Name		Middle Initial	
Address	Phone number		Fax Number	
NPI (National Provider Identifier) Number:				
FACILITY Name INFORMATION				
Address	Phone number		number	Fax Number
NPI (National Provider Identifier) Number:				
CONTACT PERSON	Name Phone number		number	Fax Number
Additional Information:				
Note: Maternity admissions to network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery.				
The authorization process is based on medical necessity only and is <u>not</u> a guarantee of payment. Services/procedures are subject to review by Blue Cross and Blue Shield of Louisiana for contractual limitations or exclusions. Providers are required to check an individual's benefits, limitations and eligibility immediately prior to providing a benefit or service. You may log into iLinkBlue (<u>www.bcbsla.com/ilinkblue</u>) or call the customer service number printed on the member's ID card for specific member information.				

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