

Fax completed form to 1-800-515-1150

Complete this form to submit retrospective authorizations for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. members for inpatient, outpatient and office services that require an authorization. **Retrospective review requests have up to a 30-day response time.** Do not use this form for authorizations processed by Caredon Medical Benefits Management (Caredon), Express Scripts, Inc., Lucet, etc.

Do not submit a request for retrospective review if you filed a claim. If we require additional medical records, Medical Management will request them using the Medical Records Request for Claim Review form.

Medical Records can be faxed or uploaded in iLinkBlue (www.bcbsla.com/ilinkblue). Click on the Document Upload link on the main page then select "Medical Records for Retrospective or Post Claim Review" from the department drop down. *Failure to fully complete this form could delay your authorization processing.*

PATIENT DATA	Last Name		First Name		Middle Initial	
	Member ID			Date of Birth		
CLINICAL DATA	<input type="checkbox"/> Inpatient Admit/Surgery	<input type="checkbox"/> Outpatient Procedure/Service	<input type="checkbox"/> Ambulatory Surgery	<input type="checkbox"/> Outpatient Hospital	<input type="checkbox"/> Office	<input type="checkbox"/> Home
	Diagnosis Code(s) (ICD-10)			CPT® Code(s)		
	Number of Visits Requested (If Applicable)			Date of Service/Admit Date: Start Date – End Date		
REQUESTING PHYSICIAN	Last Name		First Name		Middle Initial	
	Address		Phone Number	Fax Number		
	National Provider Identifier (NPI)					
FACILITY INFORMATION	Name					
	Address		Phone Number	Fax Number		
	National Provider Identifier (NPI)					
CONTACT PERSON	Name		Phone Number	Fax Number		
	Additional Information:					
<p>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.</p> <p>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. Some policies apply penalties for failing to request prior authorization for specific services. Other policies will not cover a service without prior authorization. For urgent inpatient admissions, you must notify Blue Cross of that admission within 48 hours or the next business day, to avoid penalties or non-coverage. If you are unsure if a policy allows for retrospective review, contact Customer Care at 1-800-922-8866. Always verify eligibility and benefits before providing services by contacting Customer Care or using iLinkBlue (www.bcbsla.com/ilinkblue).</p>						

P.O. Box 98031, Baton Rouge, Louisiana 70898-9031 • Phone: 1-800-922-8866 • Fax: 1-800-515-1150