

**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 office services that require an authorization directly from our Authorization Department. Do not use this form for authorizations processed by AIM Specialty Health, Express Scripts, Inc., New Directions, etc.

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

<b>PATIENT DATA</b>	Last Name		First Name		Middle Initial
	Member ID				Date of Birth
<b>CLINICAL DATA</b>	<input type="checkbox"/> Inpatient Admit/Surgery		<input type="checkbox"/> Outpatient Procedure/Service		<input type="checkbox"/> Office
	Diagnosis Code(s) (ICD-10)			CPT <sup>®</sup> Code(s)	
	Number of Visits Requested (If Applicable)			Date of Service/Admit Date	
<b>REQUESTING PHYSICIAN</b>	Last Name		First Name		Middle Initial
	Address		Phone Number	Fax Number	
	National Provider Identifier (NPI)				
<b>FACILITY INFORMATION</b>	Name				
	Address		Phone Number	Fax Number	
	National Provider Identifier (NPI)				
<b>CONTACT PERSON</b>	Name		Phone Number	Fax Number	
<b>Additional Information:</b>					
<p><b>Note:</b> 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. 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 (<a href="http://www.bcbsla.com/ilinkblue">www.bcbsla.com/ilinkblue</a>) or call the customer service number printed on the member's ID card for specific member information.</p>					

*CPT only copyright 2017 American Medical Association. All rights reserved.*

P.O. Box 98031, Baton Rouge, Louisiana 70898-9031 • Phone: 1-800-523-6435 • Fax: 1-800-586-2299