



Behavioral Healthcare Fax Cover Sheet — Outpatient Authorization Request

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to MMC and CHPlus programs only.

Date:	
To:	
Fax:	
Phone:	
From:	Behavioral Health department
Fax:	844-452-8073
Phone:	866-231-0847
Reference ID:	
Number of pages including cover sheet:	

If you do not receive all the pages, call the Behavioral Health department at the above phone number.

Message:
Member name:
Member ID:
DOB:
Diagnosis:
CPT®:
Units:
User sending this fax:

Providers must have a valid Medicaid ID number for the address where service is rendered to a member to receive reimbursement. This reference number is not a guarantee of payment. Payment of claims is subject to eligibility, contractual limitations, contingency of sanction check results, provisions and exclusions. If more services are required, an additional authorization may be needed.

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.

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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