



Prior Authorization Form — Medical Injectables

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) 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.

Note, if the following information is not complete, correct, and/or legible, the prior authorization (PA) process may be delayed. Use one form per member.

PA criteria can be found on our provider website, <https://providerpublic.mybcbswny.com>.

Member information			
Last name:		First name:	
ID number:		DOB:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	
Place of residence: <input type="checkbox"/> Home <input type="checkbox"/> Nursing facility			
Administration location: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Outpatient facility			
Prescriber information			
Last name:		First name:	
NPI #:		TIN:	
Phone:		Fax:	
Address where service rendered:			
City, State ZIP:			
Office contact name:			
Contact direct phone number:			
Billing facility information			
Facility name:			
NPI #:		DEA #:	
Contact person name:			
Phone:		Fax:	
Facility address:			
City, State ZIP:			

<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.

Amerigroup Corporation, an independent company, administers utilization management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de Highmark Blue Cross Blue Shield of Western New York.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield of Western New York es un nombre comercial de Highmark Western y Northeastern New York Inc., un licenciario independiente de Blue Cross Blue Shield Association.

Medication information	
Drug name and strength requested:	
SIG (dose, frequency, and duration):	
HCPCS billing code:	ICD code:
Diagnosis and/or indication:	
Has the member tried other medications to treat this condition?	
<input type="checkbox"/> Yes	<p>If yes, please provide specifics: Note, you may be asked to provide supporting documentation such as copies of medical records, office notes, and complete <i>FDA MedWatch Form</i>.</p>
	Drug(s) name and strength:
	Date range of use:
	SIG (dose and frequency):
Did member experience any of the below? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other	Briefly describe details of adverse reaction, inadequate response, or other:
<input type="checkbox"/> No	If no, please explain why not:

Diagnostic tests:		
Procedure:	Date:	Result:
By signing, the prescriber confirms the above information is accurate and verifiable by patient records and understands that any falsification, omission, or concealment of material may be subject to civil or criminal liability.		
Prescriber signature:		
Date:		

Fax this form to **800-964-3627**. For PA requests by phone or if you have questions, call Provider Services at **866-231-0847**.

Please allow Highmark BCBSWNY at least 24 hours to review this request.