BlueCross BlueShield of Texas

TEXAS STAR Your Health Plan ★ Your Choice | TEXAS Health and Human Services | CHIP | TEXAS Health and Human Services | TEXAS STAR Kids Your Health Plan ★ Your Choice | TEXAS Health and Human Services

Request for Prior Authorization

Medicaid (STAR) and CHIP: 1-877-560-8055 **STAR Kids: 1-877-784-6802**
Medicaid (STAR) and CHIP Fax: 855-653-8129 **STAR Kids Fax: 1-866-644-5456**

THIS FORM IS TO BE USED FOR ACUTE CARE SERVICE REQUESTS SUBJECT TO PRIOR AUTHORIZATION AND IS NOT TO BE USED FOR LTSS SERVICE REQUESTS*

Date Request Submitted: _____

Member Name: _____ Date of Birth: _____ Age: _____

Subscriber ID: _____ Sex: ☐ Male ☐ Female

Address: _____ City _____

State: ZIP Code: Phone:

Requesting Physician Name: _____ NPI: _____

Address: _____ City: _____

_____ Phone: _____

State: ZIP Code:

Person completing Form: Phone: Fax:

Check One: ☐ Medical ☐ Surgical Check One: ☐ Inpatient ☐ Outpatient

Date of Service, if known: _____

Diagnosis: _____ ICD-10: _____

Procedure: _____ CPT/HCPCS: _____

Facility:

Service Provider: _____ Tax ID/Medicare ID: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone Number: _____

Provider NPI:

In Network: Yes ☐ No ☐

History/Treatment Provided by Referring Physician:

Certain request for services require specific clinical information for us to authorize requested services. Always include this information with the Request for Preservice Review form. If there's no form available for the clinical service you are requesting authorization for, please submit clinical information from your own files that would support the request. Thank you.

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.

*FOR A LIST OF SERVICES REQUIRING PRIOR AUTHORIZATION SEE SERVICES REQUIRING PRIOR AUTHORIZATION @ http://www.bcbstx.com/provider/medicaid/forms.html.