Kansas City

KNOW WHAT CARE REQUIRES APPROVAL

Blue KC wants you to receive the most effective, appropriate care and treatment available. We also want to protect you from incurring additional or unnecessary costs, and that's why we require your healthcare provider to get approval—also known as prior authorization—for certain services.

Here's a bit more information about how prior authorization works:

When Authorization is Required

- All scheduled medical and surgical admissions
- Certain prescription drugs
- Out-of-network chiropractic services
- Dental implants, bone grafts/reconstruction, orthognathic surgery
- Blepharoplasty
- Cochlear devices
- Breast augmentation
- Genetic testing for breast and colon cancer
- Intensity modulated radiation therapy
- Insulin pumps
- Organ and tissue transplants
- Varicose vein treatment
- Wheelchairs or power operated vehicles
- Ventricular assist devices

When Authorization is NOT Required

- Emergent admissions or procedures
- 23-Hour Observation

Visit **BlueKC.com/priorauth** to see all services that require approval.

Requesting Prior Authorization

Your healthcare provider will submit a request for prior authorization via an electronic form, phone or fax (contact information is on the back of your member ID card). Blue KC processes requests within 36 hours from the date of receipt to include one additional business day.

- **Important!** Prior authorization requests for prescription drugs can only be submitted by your physician via electronic form, found by visiting: **BlueKC.com/consumer/find-a-form.html**

Information Needed

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following information:

- Recent clinical information including prior tests, lab work, and/or imaging performed related to this diagnosis
- Working or differential diagnosis and notes from your last visit related to the diagnosis
- Type and duration of treatment performed
- Your name and address
- Your Blue KC member ID number
- Provider name, address, tax ID, and NPI

When Authorizations are Approved

- When the service has been approved, an authorization number will be faxed or a call placed to the ordering physician or facility.
- It's the responsibility of the ordering physician or facility to complete the pre-service authorization process for your scheduled medical procedure. They can obtain verification by emailing **prior_auth@bluekc.com**.
- **Important!** Authorization from Blue KC does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial.

When Authorizations are Denied

Should a service be denied, Blue KC will notify the ordering physician or facility via fax, and will contact you in writing to provide a reason for the denial and information about how you can appeal the decision. This communication begins the appeal options per current state policy. Blue KC also offers the ordering physician a consultation with a Blue KC Medical Director, known as the peer-to-peer process. The peer-to-peer process must be initiated within 24 hours of the denial notice and completed within seven days.

Visit BlueKC.com/priorauth to log into your member portal and find a comprehensive list of services that require prior authorization.