

KNOW BEFORE YOU GO

Understanding prior authorizations and why they're important.

Blue KC is committed to our mission of providing affordable access to healthcare and improving the health of our members. Prior authorization is one way we pursue this mission.

We require prior review for some healthcare services, procedures and medications to ensure you receive care that's appropriate and medically necessary—as well to help keep healthcare costs down.

We constantly update the clinical guidelines and medical policies we use to make consistent, fair and ethical decisions based on the latest medical literature and research advances.



AMY'S JOURNEY*

Here's an idea of what to expect if your provider recommends a medication or procedure requiring prior authorization. You can ask questions and get information to help ensure the process moves along properly.

Amy's been struggling with fatigue. She visits [MyBlueKC.com](https://www.mylbluekc.com) to find a local**, in-network primary care doctor accepting new patients. She chooses Dr. Thompson, who determines Amy needs an in-lab sleep study, which requires prior approval. The office submits the prior authorization request to Blue KC (either online through the Provider Portal, by fax or phone) along with Amy's complete clinical information:

- Her name, date of birth and Blue KC member ID number
- Her doctor's name, address, tax ID, and National Provider Indicator (NPI)
- Service provider's name, address, tax ID and NPI
- Recent clinical information including prior tests, lab work, and/or imaging
- Type and duration of treatment

Blue KC strives to complete requests within 36 hours (including 1 business day) from the time we receive the complete request with all necessary supporting clinical documentation. A decision is rendered based on evidenced-based guidelines and medical policy.

If approved...

1. Blue KC notifies Dr. Thompson's office
2. Amy receives an approval letter from Blue KC
3. Amy can access the cost estimator tool on [MyBlueKC.com](https://www.mylbluekc.com) or via the MyBlueKC mobile app
4. Amy contacts Dr. Thompson's office for next steps

If the Prior Authorization is denied...

1. Blue KC notifies Dr. Thompson
2. Blue KC contacts Amy in writing with a reason for the denial. The letter informs Amy how she can appeal. If Dr. Thompson appeals on her behalf, he must include her written permission.
3. Blue KC lets Dr. Thompson discuss Amy's clinical situation with a Blue KC Medical Director in a peer-to-peer call, which must be completed within 7 business days of the denial notice.
4. If the denial is upheld, additional options may be available to continue with an appeal.

*The above example describing Amy's journey is intended for illustration purposes only.

**If you live out of the KC Metro area, call the Customer Service number on the back of your member ID card to ensure a provider is in-network with your local Blue Cross and Blue Shield plan, and confirm this with the provider before your visit. Even if the provider is in-network, send a prior authorization request to Blue KC before services are performed or you could be financially responsible for the entire service.



Below are **FAQs** and answers to help you better understand prior authorizations:

Q: How do I know what procedures require prior authorization?

A: Visit <https://members.bluekc.com/plan-benefits/prior-auth> for a complete list of procedures, products, services, and medications that require prior authorization. You can also refer to your Medical Benefits Booklet.

Q: Most of the tasks involving prior authorizations seem to fall on the provider. What's my role?

A: You can do your part by knowing what procedures, products, services, and medications require prior authorization, and confirming your provider has the correct information to submit on your behalf.

Q: If my prior authorization request is approved, will Blue KC cover the costs?

A: Your coverage and plan payment are subject to your benefits and eligibility. See your Medical Benefits Booklet or call Customer Service to verify your coverage. Coinsurances/copayments/deductibles may apply.

Q: What if my prior authorization is denied?

A: Refer to your denial letter for next steps. Your provider may be able to conduct a peer-to-peer discussion. You, your provider or your designated representative may also be able to appeal.

Q: Where can I find the status of a prior authorization?

A: Log in to <https://members.bluekc.com> and select Plan Benefits, then Prior Authorization. The Authorization Status tab includes details on prior authorizations requested over the past 24 months.

Q: When do I need approval for hospitalization?

A: All scheduled medical and surgical hospital admissions must receive prior authorization.

HELPFUL LINKS AND RESOURCES

To learn what procedures require prior authorization, visit <https://members.bluekc.com/plan-benefits/prior-auth>

To review your Medical Benefits Booklet, go to <https://members.bluekc.com>. Select Plan Benefits, then Member Plan Benefits, then Medical Benefit Booklet.

Log in to <https://members.bluekc.com> and select Plan Benefits, then Prior Authorization. Tabs in this section provide details on prior authorizations.

Still have questions?

Contact our Prior Authorization Department at **816-395-3989** or **1-800-892-6116**. Or call the Blue KC Customer Service number on the back of your member ID card.