



The purpose of this form is to request a prior authorization for outpatient services and Part B drugs. Please fax this completed form to 1-877-528-5816, Attn. Medical Management. If you have questions about this form, contact Blue Advantage Medical Management at 1-866-508-7145. Please complete all applicable areas below.

### Outpatient Authorization Request Form

#### PATIENT INFORMATION

Patient Name	Date of Birth
Member ID Number	Age
Primary Care Provider	

#### CLINICAL INFORMATION

Diagnosis Code(s) (ICD-10)	CPT®/HCPCS Code(s)
Number of Visits Requested (If Applicable)	Date of Service/Admit Date
Procedure to be Performed	Place of Service

#### REQUESTING PROVIDER

Provider Name	NPI
Phone Number	Fax Number
Address	

#### RENDERING PROVIDER

Provider Name	NPI
Phone Number	Fax Number
Address	

#### CONTACT PERSON

Name	
Phone Number	Fax Number

The information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Addition Information:

## ATTACHMENTS

The following attachments must be included when available:

- Diagnostic Procedures: Clinical Notes or Diagnostic Reports for Procedure /Surgery
- DME: Physician's Order, CMN, Sleep Study, Compliance Report, Clinical Notes
- DME: Date of Service when equipment was issued to patient
- Therapy: Physician's Order, Evaluation, or Clinical Notes Surgery

### **For Expedited Review [72 hours or 24 hours for Part B Drugs] Request Only:**

By signing below, I am requesting an expedited review and certifying that applying the standard review time frame (14 days or 72 hours for Part B Drugs) may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

**Physician Signature:** \_\_\_\_\_