



# Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

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 Authorizations Department at 1-866-508-7145, choose option 3, then option 3.

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

### ORDERING PROVIDER

Provider Name	NPI	Tax ID
Phone Number	Fax Number	
Address		

### PLACE OF SERVICE

Provider Name	NPI	Tax ID
Phone Number	Fax Number	
Address		

### CONTACT PERSON

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

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Phone Number	Fax Number
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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:** \_\_\_\_\_