LOUISIANA BLUE
Blue adVantage (HMO) | Blue adVantage (PPO)

Outpatient Authorization Request Form

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.

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		

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

CONTACT PERSON	
Name	
Phone Number	Fax Number
Additional 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: _____