

BlueCross BlueShield of Nebraska Preauthorization Request Form

Date _____

An Independent licensee of the Blue Cross and Blue Shield Association

Please address all inquiries to:

Blue Cross and Blue Shield of Nebraska
Attn: Health Service Programs
PO Box 3248
Omaha, NE 68180-0001

This completed form, along with all supporting medical records including lab and radiology related test results, should be faxed to:

**Health Service Programs:
(402) 392-4141 or 1-800-255-2838**

<u>Member Information</u>	<u>Ordering Physician Information</u>
Patient's Name: _____	Dr.'s Name: _____
Patient's ID #: _____	Dr.'s Address: _____
Patient's DOB: _____	_____
Patient's Address: _____	_____
_____	Dr.'s Phone #: _____
Patient's relationship to Subscriber: _____	Dr.'s Fax #: _____
Subscriber's Name: _____	Contact Name: _____
_____	Contact Phone #: _____
<u>Provider Information if different from Ordering Physician Information:</u>	
Provider's Name: _____	Phone #: _____
Provider's Address: _____	Fax #: _____
_____	Contact Name: _____
_____	Contact Phone: _____
<u>Diagnosis and Co-Morbidities Description</u>	
1. _____	<u>Correlating ICD-9 Diagnosis Codes</u>
2. _____	1. _____
3. _____	2. _____
4. _____	3. _____
_____	4. _____
<u>Procedure/Service Description</u>	
1. _____	<u>Correlating CPT/HCPCS Codes</u>
2. _____	1. _____
3. _____	2. _____
4. _____	3. _____
5. _____	4. _____
_____	5. _____

Supporting documentation attached

ANTICIPATED DATE OF SERVICE: _____

How do you prefer that we respond to your preauthorization request:

Contact name: _____

_____ Telephonically: What phone number? _____

_____ Fax: What fax number? _____

_____ Letter: What address? _____ Provider _____ Physician _____ both

You can anticipate a determination on the preauthorization request within **15 days** of receipt of your request. Delays in the process can be avoided by ensuring this form is complete and the appropriate codes and supporting documentation are included. **To review criteria** determined by BCBSNE Medical Policy, please go to:
<http://www.bcsne.com/Providers/Library/MedicalPolicyDisclaimer.aspx>.