



MUST FAX TO BLUE CROSS AND BLUE SHIELD OF NEBRASKA AT 402-548-4681 OR 1-800-424-0089
DATE WHEN YOU FAXED THIS FORM TO US:

Patient: Medicaid Client I.D. #:
Primary Care Physician (PCP): PCP Phone #
PCP Address: City:
Referred to M.D.: M.D. Phone #
M.D. Address: City:
Referred to Facility: Facility Phone #
Facility Address: City:

DIAGNOSIS:

Number of Office Visits Authorized:

OFFICE LAB/X-RAY (One of the following MUST BE checked. Please call if lab/x-ray is to be done anywhere other than office.)

- Do not do any lab/x-ray without contacting PCP.
Do lab/x-ray at your discretion.
Office Surgery (specify procedures):
Total OB Care & Delivery / EDC:
Allergy Serum/Injections: months
Physical Therapy # of sessions authorized: visits over months
Speech Therapy # of sessions authorized: visits over months
Occupational Therapy # of sessions authorized: visits over months
Respiratory Therapy # of sessions authorized:
MRI: (part of body)
CT Scan: (part of body)
Doppler: (part of body)
Ultrasound: (part of body)
Audiology Evaluation (hearing test):

Other Authorized Services:

Authorization Number:

DOS for Event: (VOID AFTER 60 DAYS UNLESS SPECIFIED OTHERWISE BY PCP)

TELEPHONE AUTHORIZATION: If additional services are needed, authorization must be obtained by telephone from the PCP, and the PCP is to notify Blue Cross and Blue Shield of Nebraska Primary Care+ by telephone or fax of additional approved services.

PCP Signature: Date:

IMPORTANT NOTE: This authorization is VOID AFTER 60 CONSECUTIVE DAYS from the date issued. Services provided beyond those indicated on this referral are ineligible for reimbursement unless prior authorization is given by the PCP. Services excluded by the Medicaid Program are not covered even if approved by the PCP. This is NOT a benefit determination or guarantee that benefits are available or will be paid. This referral is valid only to Medicaid enrolled providers for eligible clients enrolled in Primary Care+. By accepting this referral, the provider of services agrees to comply with the rules of the Medicaid Program and to bill the Department of Health and Human Services.

Please see the reverse side for services that require prior authorization by Blue Cross and Blue Shield of Nebraska Primary Care+ Program.

ALL INPATIENT HOSPITALIZATIONS AND OUT-OF-STATE SERVICES MUST BE PRECERTIFIED: CALL 399-8863 OR 1-800-662-3559

FOR OUTPATIENT DIAGNOSTIC SERVICES (e.g., laboratory, MRI, radiology): CALL 399-8863 OR 1-800-662-3559 OR FAX 402-548-4681 OR 1-800-424-0089

The following services require prior authorization by Blue Cross and Blue Shield of Nebraska Primary Care⁺ Program:

- All Inpatient Surgery and Admissions
- Out-of-State Services
- Durable Medical Equipment (as follows): oximeter, wheelchair/option/accessories, car seat for handicapped, communication device/accessories, electric hospital bed, ultrasound nebulizer, seat lift chair, spinal orthosis seating system, tens unit, whirlpool, ultraviolet cabinet, pressure reducing wheelchair cushion (only for nursing facility clients), vehicle (power operated), any item to be coded E1399 with a purchase price exceeding \$500.00
- Home Health Services
- Private Duty Nursing Services
- Hearing Aids, Assistive Listening Devices and Repairs that Exceed \$150.00