



Healthy Blue



Prior Authorization Request

Healthy Blue prior authorization — Phone: 1-833-388-1406 8 a.m. to 5 p.m. Central time, Fax: 1-800-964-3627.

To prevent delay in processing your request, please fill out form in its entirety with all applicable information. For more information on prior authorization, please visit the provider website at https://provider.healthybluene.com.

Form with sections: Today's date, Member information, Referring provider, Servicing (billing) provider, Servicing facility. Includes fields for name, address, phone, and ID numbers.

https://provider.healthybluene.com

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BNEPEC-0055-20 November 2020

State approval: 10/29/2020

Facility contact name		Facility phone		Facility fax	
Address (including City, State ZIP)					

Requested service (Check all that apply.)	Date/date range of service
ICD-10-CM code(s):	
CPT® or HCPCS code(s) (Include requested units)	

**Type of service (check all that apply):**  Outpatient  Inpatient  Skilled nursing facility  Office visit  
 Hospice  Long-term services and supports/Long-term care  Home Health  Durable medical equipment  
 Diagnostic study  Personal care services  Other: \_\_\_\_\_

**Place of service:**  Hospital  Ambulatory surgery center  Office  Home  Independent lab  Nursing facility  
 Other: \_\_\_\_\_

**Additional information:** \_\_\_\_\_

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Healthy Blue, please provide the authorization number with your submission.

**Emergent — use for all non-elective *inpatient* admissions only when provider indicates that the admission is urgent, emergent or expedited (for admission on same day).**

**Urgent — use for *outpatient* services only when provider indicates that the service is urgent, emergent or expedited.**

**Disclaimer:** This is not a guarantee of payment. All services are subject to any and all plan provisions, limitations, and patient eligibility at the time services are rendered.

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.