

Precertification Request

 Healthy Blue Precertification phone: **1-844-521-6942** Fax: **1-877-269-5705**

To prevent delay in processing your request, please complete this form in its entirety with all applicable information.

Today's date:
Provider return fax:
Member information

First name: _____ Last name: _____ Healthy Blue ID: _____

DOB: _____ Contact phone: _____

Address: _____ City, State ZIP: _____

Additional member information:

Referring provider **Participating** **Nonparticipating**

Full name: _____ Specialty: _____

NPI: _____ TIN: _____ Provider ID: _____

Office contact name: _____ Office phone: _____ Office fax: _____

Address: _____ City, State ZIP: _____

Servicing provider **Participating** **Nonparticipating**

Full name: _____ Specialty: _____

NPI: _____ TIN: _____ Provider ID: _____

Office contact name: _____ Office phone: _____ Office fax: _____

Address: _____ City, State ZIP: _____

Servicing facility **Participating** **Nonparticipating**

Name: _____

NPI: _____ TIN: _____ Provider ID: _____

Facility contact name: _____ Facility phone: _____ Facility fax: _____

Address: _____ City, State ZIP code: _____

Requested service
Date/date range of service:
ICD-10 code(s):
CPT[®] code(s) and units requested:
Type of service (Check all that apply.):

 Diagnostic study

 Hospice

 Office visit

 Other

 Inpatient

 Durable medical equipment

 Long-term care and supports

 Personal care services

 Outpatient

 Home health

 Observation extension

 Skilled nursing facility

Place of service:
 Hospital

 Office

 Ambulatory surgery center

 Independent lab

 Other

 Home

 Nursing facility

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.

This area is reserved for the definition of what is considered expedited, urgent or emergent.

Emergent — Use for **all** nonelective **inpatient** admissions only when provider indicates that the admission was 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: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Healthy Blue claims payment policy and procedures.

<https://providers.healthyblue.com>

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