



# Blue Cross and Blue Shield of Nebraska Preauthorization Request Form

Please send the completed form, along with all supporting medical records, including lab and radiology related test results, to:

Date: \_\_\_\_\_

Fax number: 800-255-2838 or Blue Cross and Blue Shield of Nebraska  
Attn: Health Service Programs  
P.O. Box 3248  
Omaha, NE 68180-0001

*Member Information		*Ordering Physician Information	
Patient's Name:		Doctor's Name:	
Patient's BCBSNE ID:		Doctor's Address:	
Patient's DOB:		Doctor's Specialty:	
Patient's Address:		Doctor's Phone #:	
Patient's Relationship to Subscriber:		Doctor's Fax #:	
Subscriber's Name:		Contact Name:	
Patient's Phone #:		Contact Phone #:	
Provider Information (if different from Ordering Physician Information)			
Provider's Name:		Phone #:	
Provider's Address:		Fax #:	
Provider's Specialty:		Contact Name:	
		Contact Phone:	
Facility Information (if applicable)			
Facility Name:		Phone #:	
Facility Address:		Fax #:	
		Contact Name:	
		Contact Phone:	
*Diagnosis and Co-morbidities Description		*Correlating ICD-10 Diagnosis Codes	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
*Procedure/Service Description		*Correlating CPT/HCPCS Codes	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Supporting documentation attached     
  Urgent request     
 Anticipated date of service\*\*: \_\_\_\_\_

<b>How do you prefer we respond to your Preauthorization Request?</b>	
<input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="radio"/> Provider <input type="radio"/> Physician <input type="radio"/> Both	Contact Name: Phone Number: Fax Number: Address:

You can anticipate a determination on the preauthorization request within **15 days** of receipt of your request. If you indicated this is urgent because it meets urgent care criteria, meaning that the standard time period for a decision could seriously jeopardize the life or health of patient or subject the patient to severe pain that cannot be adequately managed without the requested treatment, you can anticipate a determination on the request within **72 hours** 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. You can also [review criteria](#) determined by Blue Cross and Blue Shield of Nebraska Medical Policy at [MedicalPolicy.NebraskaBlue.com](http://MedicalPolicy.NebraskaBlue.com). *\*is a required field*

**\*\*Please note - we do NOT prioritize based on date of service.**