BlueCross BlueShield Nebraska

Diabetic Test Strips Physician Fax Form

The following documentation is REQUIRED for preauthorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska website at ***www.nebraskablue.com***.

Today's Date: ____________________

Patient Information

Patient Name (First):	Last:	MI:	DOB (mm/dd/yyyy):	Telephone Number:

Insurance Information

BCBSNE ID Number:	Group Number:

Physician/Clinic Information

Prescriber Name:	Physician UPIN#:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:			
City, State, Zip Code:		Phone Number:		Secure Fax Number:

Preauthorization Information

Glucose Test Strips Requested: ____________________

1. Patient's diagnosis (ICD 10 code): ____________________
2. Has the patient tried any of the following formulary test strips**:**
   (Please provide necessary documentation, if necessary)

Formulary Test Strips		**Dates**
Ascensia Diabetes Case...	☐ Yes ☐ No	________
CONTOUR NEXT EZ Blood Glucose Monitoring System...........	☐ Yes ☐ No	________
CONTOUR NEXT Blood Glucose Monitoring System................	☐ Yes ☐ No	________
CONTOUR NEXT USB Blood Glucose Monitoring System.........	☐ Yes ☐ No	________

3. Does the member require these specific non-formulary test strips?..................................... ☐ Yes ☐ No
   If yes, please list all reasons for selecting the requested glucose test strips over formulary alternatives (e.g., visual impairment, use of insulin pump, disability):

   ____
   ____
   ____

4. Please include any additional clinical information that should be considered for this review:

   ____
   ____
   ____

Please fax or mail this form to:
Blue Cross and Blue Shield of Nebraska
Pharmacy Department - UM
1919 Aksarben Drive • PO Box 3248
Omaha, NE 68180-0001

Toll Free Fax: 877-232-6726
Phone: 877-999-2374

CONFIDENTIALITY NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by phone, and return the original message to us at the address to the left via the US Postal Service.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.