



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>.

Today's date		Provider return fax	
Member information			
First name	Last name	Member ID	
Address (including City, State ZIP)			
DOB	Contact phone		
Additional member information			
Referring provider <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name			
NPI	Provider ID	TIN	
Office contact name	Office phone	Office fax	
Address (including City, State ZIP)			
Specialty			
Servicing (billing) provider <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name			
NPI	Provider ID	TIN	
Office contact name	Office phone	Office fax	
Address (including City, State ZIP)			
Specialty			
Servicing facility <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Name			
NPI	Provider ID	TIN	

<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.