

**Prior Approval Request Form  
(Outpatient/Clinic Services)**

(Form not applicable for Blue Advantage Members)

**Return Options – Fax to 501-378-6647 or Mail to:**

**Arkansas Blue Cross and Blue Shield  
Attention: Medical Audit and Review Services  
P. O. Box 2181  
Little Rock, Arkansas 72203**

This Form may *ONLY* be utilized to submit a Request for a Service that Requires Prior Approval.

**PLEASE PROVIDE ALL RELEVANT CLINICAL DOCUMENTATION TO SUPPORT REQUEST.**

*Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.*

**PLEASE PRINT OR TYPE THE INFORMATION REQUESTED**

**Forms that are not legible or incomplete will not be processed.**

**PROVIDER INFORMATION**

Name of Provider submitting request: \_\_\_\_\_

Individual Physician NPI: \_\_\_\_\_ Clinic NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Referring Provider Name and NPI: \_\_\_\_\_

Name of Person Completing Form (information will be returned to this person): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Scheduled Service Date: \_\_\_\_\_ Place of Service: \_\_\_\_\_

**Please note: Request should be submitted 5-7 business days prior to the scheduled date of service in order to allow adequate time for request and receipt of information needed to process the request. Once all requested information is received, requests are generally reviewed within 2 business days.**

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Primary ID#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Patient Relationship to Subscriber: \_\_\_\_\_ Primary ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

**Pre-Service Information:**

Medical Reason: \_\_\_\_\_

**Diagnosis Code - At least one must be listed or all that apply**

Primary Diagnosis Description: \_\_\_\_\_ Primary Diagnosis (ICD10): \_\_\_\_\_

Additional Diagnosis Codes: \_\_\_\_\_

**Procedure Code (CPT/HCPCS) - At least one must be listed or all that apply. Specific units requested for each code must be provided or request will not be processed. When Requesting medications, specify if the provider is to buy and bill, For J codes, the NDC # along with the date span, dosages and/or number of units are required.**

Primary CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Secondary CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other CPT Code: \_\_\_\_\_ Modifiers: \_\_\_\_\_ NDC#: \_\_\_\_\_ Minutes/Units/Dosage \_\_\_\_\_ Diagnosis Pointer: \_\_\_\_\_

Other information including RX information \_\_\_\_\_

**DISCLAIMER:** Information provided is as of the date of the reply and member information that has been processed. If patient eligibility, benefits, coverage limits, exclusions changes (please check for current patient information on AHIN) or if post claims information does not match this prior approval service request information the approval is not valid. Additional visits or services occurring after the reply date might exceed the limits of the contract or policy and would accordingly not be covered under the contract or policy.

Responses will be faxed if a valid fax number is provided, otherwise responses will be mailed.

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

**NOTICE:** Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Civil Rights Coordinator**

601 Gaines Street, Little Rock, AR 72201  
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201  
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-662-2276.**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إتصل بالرقم 1-844-662-2276.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

**注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276 まで、お電話にてご連絡ください。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

**توجه:** اگر بہ زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-662-2276 تماس بگیرید.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

**انتباه:** اگر آپ اردو بولتے ہیں تو، آپ کے لئے زبان کی مدد کی خدمات بلا معاوضہ دستیاب ہیں۔ 1-844-662-2276 پر کال کریں۔

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-662-2276.

**LALE:** Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejje!ok wōñāān. Kaalok 1-844-662-2276.