



Prior Authorization Request Form

Please Expedite*

Justification for Expedited Request:

If no justification given, request will be processed as standard

Submit requests to:

Online: www.WyoBlueAdvantage.com

Fax: 1-855-933-2664

Phone: 1-844-602-2570

*Please ONLY check this option if the provider believes that for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy (CMS definition)

1. Member Information & Background

Patient Name: _____ Previous auth # (if applicable): _____

Member/Patient ID Number: _____ Contact Name: _____

Patient DOB: _____ Pt. phone: _____ Contact Phone: _____ Fax: _____

Patient Address: _____ Requesting Provider: _____

_____ Requesting Provider NPI#: _____

ICD-10 Code(s): _____ Treating Provider: _____

CPT/HCPCS Code(s): _____ Treating Provider NPI#: _____

Date of Admission/Procedure: _____ TBD *Inpatient requests, include these providers:*

Type: IP Hospital Office Surgery DME Admitting Provider: _____

OP Diagnostics OP Surgery/ASC # Admitting Provider NPI#: _____

Visits/Units/Days: _____ Servicing Facility: _____

Authorization Date Span: _____ - _____ Svc Facility NPI#: _____

For inpatient services only: If overnight admission is planned, please provide justification (e.g. procedure on CMS inpatient only list). **Note:** Must specify IP admission with appropriate code in CPT Code field above or services are assumed & reviewed as OP setting.

Comments:

This form must be filled out completely. Chart notes are required and need to be submitted with this request. Incomplete requests will be returned to the requester.

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.