



Highmark Blue Shield
Medical Management and Policy Department
Outpatient Authorization Request Form

Submission Instructions:
Please print all information.
IMPORTANT! THIS REQUEST FOR AUTHORIZATION REVIEW CANNOT BE PROCESSED WITHOUT SUPPORTING CLINICAL DOCUMENTATION AND/OR INFORMATION - NO EXCEPTIONS.
Requests missing clinical information will be returned to the requesting provider, delaying the review process.
Please fax completed form to the Medical Management and Policy Department: 888.236.6321 or 800.670.4862 (Delaware)

Patient's Name: Patient Phone #

Patient's Address:

Date of Birth:

Member UMI: Suffix #

Provider Contact Name:

Contact Phone #: EXT: Fax #

Requesting Physician's Name: NPI Number:

Physician's Address:

Facility: Facility NPI Number:

Facility's Address:

Date of Service:

Diagnosis Code(s):

Procedure Code(s):

Type of Service: DME Therapies HBO IMRT Pain Management Sleep Studies MRI/MRA PET Scan Other (specify)

For MRI Request Only: With Contrast Without Contrast With and Without Contrast

For PET Scan Request Only: Initial Staging Restaging Response to Treatment

Comments:

Internal Use Only:

Decision: Approved Denied
Reconsideration: Upheld Overturned
Precert #

Medical Director
Nurse Reviewer
Medical Director
Nurse Reviewer