Wellmark Advantage Health Plan

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

☐ **PLEASE EXPEDITE!! Please only check this option if the provider believes that waiting 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)**

PRIOR AUTHORIZATION REQUEST FORM

Prior Authorization Requests:
Fax: 866-313-8595
Phone: 855-673-4225

For online requests:
https://welcome.wellmark.com/Authentication/Login.aspx

Patient Name_____

Member / Patient ID Number_____

Patient DOB_____

Patient Full Address_____

_____

ICD10Code(s)_____

CPT Code(s)_____

Date of Procedure ____/____/____ ** ☐ TBD

Type:
☐ Office Surgery
☐ DME
☐ Inpatient*
☐ Outpt Diagnostics
☐ Outpatient Surgery/ASC

Previous auth # (if applicable):_____

Requesting Provider _____

Requesting Provider NPI#_____

Treating Provider _____

Treating Provider NPI#: _____

Inpt Requests: Include these providers:

Admitting Provider_____

Admitting Provider NPI# _____

Servicing Facility_____

Svc Facility NPI# _____

All Requests: #Visits/Units/Days _____

Authorization Date Span _____

For Inpatient Services Only: If Inpatient admission is planned, please provide justification (e.g. from CMS list for Inpt procedures)***Note:** Must specify IP admission with appropriate code in CPT Code field above, or services are assumed & reviewed as OP setting

Comments:

******Required******

Contact Phone _____ **Contact Fax** _____

Contact Name _____

Total # of pages faxed, including coverage page_____

***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 requestor.**