



Healthy BlueSM

BlueChoice[®] HealthPlan of SC

Healthy Connections

Precertification Request for Medical Injectables

Fax this completed form to 866-494-9927. If the following information is not complete, correct and/or legible, the review process can be delayed.

General Information				
Date of Request:				
Service Type: <input type="checkbox"/> Nonurgent <input type="checkbox"/> Urgent/Expedited — Clinical reason for urgency:				
Member Information				
Last Name:		First Name:		
Member ID #:		DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member Address:				
City, State and ZIP Code:				
Member Phone:				
Requesting Provider <input type="checkbox"/> Contracted <input type="checkbox"/> Noncontracted				
Last Name:		First Name:		
Provider Specialty:		Provider NPI:		
Tax ID:		Office Phone:		
Office Contact Name:		Office Fax:		
Provider Address:				
City, State and ZIP Code:				
Servicing Provider <input type="checkbox"/> Contracted <input type="checkbox"/> Noncontracted				
Last Name:		First Name:		
Provider Specialty:		Provider NPI:		
Tax ID:		Office Phone:		
Office Contact Name:		Office Fax:		
Provider Address:				
City, State and ZIP Code:				
PLEASE SEND ALL CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION				
Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Continuation Request			Previous Auth #:	
Diagnosis Code (ICD-10):			Description:	
Place of Service: <input type="checkbox"/> MD office <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Other:				
Continuation Only: Has member improved or stabilized while on therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medication Information				
Medication:	Dose/Strength:	Directions:	Quantity:	Special Instructions:
Pertinent Lab Values:				
Additional Information:				

www.HealthyBlueSC.com

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association. To report fraud, call our confidential Fraud Hotline at 800-763-0703. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.