



Medical/Surgical Prior Approval (Pre-service Inquiry)

Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

Request Priority

- ☐ Standard
- ☐ Expedited (choose appropriate rationale)
- ☐ Seriously jeopardize the life or health of the member or the member's ability to regain maximum function
- ☐ Subject the member to severe pain that cannot be adequately managed without the care of treatment requested

This form should ONLY be used by providers that do not have access to the Utilization Management Tool.

- ☐ Form contains Personal Identifiable Information related to a Substance Use Disorder (SUD) services request. Member consent has been obtained to release information to Wellmark for treatment, payment of claims, health care operations, and for Wellmark to re-disclose information with the current treating and future treating entities related to request.

Patient Name (Last, First, Middle Initial)	Certificate Holder Identification Number	Patient's Date of Birth / /
Certificate Holder Name (Last, First, Middle Initial)	Patient's Gender ☐ Male ☐ Female	Relationship to Certificate Holder ☐ Self ☐ Spouse ☐ Dependent
Address	Sender Telephone Number	Sender Fax Number
City, State, ZIP Code	Diagnosis Code	
Treating Provider (Last, First, Middle Initial)	Facility/Vendor	
Treating Provider NPI	Facility/Vendor NPI	
Address	Address	
City, State, ZIP Code	City, State, ZIP Code	
Additional Information (Attach medical necessity documentation as necessary.)		

Requested Services

Anticipated Date of Service	CPT/HCPC Codes Mandatory	Modifier	Units Mandatory	Description of Service	Inpatient (IP) or Outpatient (OP)
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I certify the accuracy and completeness of all information reported by me on this form.

Provider Signature _____ Date ____/____/____

Wellmark will only review CPT/HCPC codes that are found on the Authorization Table.

Provider: Please complete this form and submit it to Wellmark to the fax numbers given below.

Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Blue Cross and Blue Shield of South Dakota
Utilization Management Department
Fax: 515-376-9104

