



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

Non-preferred Diabetic Testing Supplies - Meters and Strips Prior Authorization Request Form

☐ **Please Expedite***

Justification for Expedited Request:

Fax requests to:

866-313-8595

If no justification given, request will be processed as standard

*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)

Member Information

Name: _____ ID Number: _____ DOB: _____

Phone: _____ Address: _____

City, State, Zip: _____

ICD-10 Code(s): _____

CPT/HCPCS Code(s): _____ Visits/Units/Days: _____

Authorization Date Span: _____ - _____

Provider Information

Requesting Provider: _____ Treating Provider: _____

Treating Provider NPI #: _____ Phone: _____ Fax: _____

Non-preferred DIABETIC TESTING SUPPLIES – METERS & STRIPS

1. Prescriber must provide written documentation of previous products utilized and associated dates:

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. Please allow 30 days for processing request.

Comments