NYC Healthline Fax Authorization Request
Medical Management
Fax 1-800-241-5308

Empire BlueCross BlueShield
An Anthem Company

NYC HEALTHLINE

For City of New York Employees and non-Medicare eligible retirees
(Group numbers 157000-157699)

Member/Subscriber information

Last name	First name	ID no.

Patient information

Last name	First name	Date of birth (MMDDYYYY)	Sex
			☐ M ☐ F

Relationship to Member/Subscriber: ☐ Self ☐ Spouse ☐ Child

Authorization requested from the NYC Healthline for: (check one service per fax form) ☐ Emergency ☐ Scheduled

☐ Inpatient acute ☐ Inpatient rehabilitation ☐ Maternity ☐ NICU ☐ Skilled nursing facility	☐ Ambulatory surgery ☐ Air ambulance ☐ Cardiac rehabilitation ☐ DME or prosthetics ☐ Genetic testing	☐ Infertility service ☐ Outpatient therapy: ☐ PT ☐ ST ☐ Radiology therapy ☐ Specialty drugs

Admission date (MMDDYYYY)	Requested length of stay	First date of service (MMDDYYYY)	No. of visits requested	Authorization period requested
	_____ days			_____ days

Additional services continue to require precertification by EmblemHealth. Providers should call 1-800-223-9870 for precertification.

Diagnosis/Procedure information

Primary diagnosis	ICD-10 code
Secondary diagnosis	ICD-10 code
Procedure	CPT-4 code

Facility/Provider information

Name	NPI

Physician information

Name of ordering physician			Provider NPI no.
Phone no.	Fax no.		
Street address	City	State	ZIP code

Fax request submitted by:

Name	Fax no. (if different than above)

For Empire use only

Authorization Status:

☐ Approved: LOS authorized: _____ OR No. of visits: _____ for period of: _____ days authorized
Authorization no.: _____ *Date authorization completed: ____/____/____

☐ Denied: By: _____ Phone no.: _____

☐ Pended: For Additional medical information: _____ For medical review: _____

Comments: _____

_____

_____

* This authorization is based upon medical necessity, subject to the terms and conditions of the member's contract and is NOT a guarantee of payment.

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