Prior Authorization Request for
HEALTHCARE SERVICES

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Attention Gold Card Program Providers:
Please call the Gold Card Hotline at **602-864-4811** for your authorization number.

(* = Required Field)

1 – SUBMISSION INFORMATION			
Name	Phone	Fax	Date
Dr. Andrew Thompson	(602) 555-4376	(602) 555-4388	10 / 9 / 25

2 – REASON FOR REQUEST		
Review Type*		Clinical Reason for Urgency
☑ Non-Urgent ☐ Urgent		
Request Type		Previous Authorization Number
☑ Initial	☐ Extension/Renewal/Amendment	

3 – EXPEDITED/URGENT REVIEW
☐ **Expedited/Urgent Review Requested -** By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
Signature of Prescriber or Prescriber's Designee
/s/Dr. Andrew Thompson

4 – PATIENT INFORMATION				
Name*		Phone*	DOB*	Gender*
Lisa Wilson		(480) 555-1284	6 / 14 / 1982	☐ M ☑ F
Member Name (if different from above)	Member ID #*	Group Name or Number		
	BCAZ-LISW1282			

5 – PROVIDER INFORMATION				
Requesting Provider or Facility		**Service Provider or Facility**		
Provider/Facility Name*		Provider/Facility Name*		
Dr. Andrew Thompson		Phoenix Physical Therapy Clinic		
NPI #*	Specialty*	NPI #*	Specialty*	
1589643127	Physical Medicine & Rehabilitati	1789543011	Physical Therapy	
Phone*	Fax*	Phone*	Fax*	
(602) 555-4376	(602) 555-4388	(602) 555-7210	(602) 555-7211	
Contact Name*	Phone*	Service Care Provider's Name	Phone	Fax
Sarah Jenkins	(602) 555-7212	Maria Lopez, PT	(602) 555-7213	(602) 555-7214

6 – **SERVICES REQUESTED*** (with CPT, CDT, or HCPCS code) and supporting diagnosis (with ICD code)					
Planned Service/Procedure	Code	Start Date	End Date	Diagnosis Description (include ICD version)	Code
Outpatient Physical Therapy Evaluation	97161	10 / 15 /25.	10 / 15 /25.	Post-operative right knee rehabilitation following ACL reconstruction	Z98.890
Therapeutic Exercise	97110	/ /	/ /	Muscle weakness, right lower extremity	M62.561
Manual Therapy	97140	/ /	/ /	Knee joint stiffness	M25.661
		/ /	/ /		

☐ Inpatient	☐ Outpatient	☐ Provider Office	☐ Observation
☐ Home	☐ Day Surgery	☑ Other Home exercise program provided	

☑ Physical Therapy	☐ Occupational Therapy	☐ Speech Therapy	☐ Cardiac Rehab	☐ Mental Health/Substance Abuse

Number of Sessions	Duration	Frequency	Other
24	8	3× per week	

☐ Home Health	Order Attached? ☐ Yes ☐ No	Nursing Assessment Attached? ☐ Yes ☐ No	
Number of Visits	Duration	Frequency	Other

7 – CLINICAL DOCUMENTATION (attach clinical documentation as needed)

Comments/Notes

Patient underwent right ACL reconstruction on 09/15/2025. Initial evaluation shows limited knee ROM and mild post-surgical swelling. Physical therapy recommended to restore mobility, strength, and gait function.

SAVE and fax this form to AZ Blue at 1-844-263-2272.

If you have questions, call us at 602-864-4320 or 1-800-232-2345.

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