



An Anthem Company

### Precertification Request Form

To prevent delay in processing your request, please fill out the form in its entirety with all applicable information. Precertification phone: 1-800-450-8753 | Precertification fax: 1-800-964-3627

Use these direct phone or fax numbers if your request pertains to the following:

Outpatient phone: 1-212-563-5570, ext. 69219 | Outpatient fax: 1-855-201-8530

Skilled nursing facility fax: 1-866-494-5703 | Therapy and pain management fax: 1-855-201-8529

Durable medical equipment/orthotics/prosthetics fax: 1-855-201-8527 Home care fax: 1-855-201-8528

Today's date:

Provider return fax: Request is: Nonurgent Urgent (life/limb-threatening)

#### Member information

First name: Last name: Member ID:

Address: City, State ZIP code:

DOB: Contact phone:

Additional member information:

Referring provider  Participating  Nonparticipating

Full name:

NPI: Provider ID: TIN:

Office contact name: Office phone: Office fax:

Address: City, state ZIP code:

Specialty:

Servicing provider  Participating  Nonparticipating

Full name:

NPI: Provider ID: TIN:

Office contact name: Office phone: Office fax:

Address: City, state ZIP code:

Specialty:

Servicing facility  Participating  Nonparticipating

Name:

NPI: Provider ID: TIN:

Facility contact name: Facility phone: Facility fax:

Address: City, state ZIP code:

Requested service (for type of service, check all that apply) Date/date range of service:

ICD-10 code(s):

CPT code(s) (include requested units):

Type of service:  Outpatient  Planned inpatient  Emergent inpatient  Skilled nursing facility

Long-term services and supports/long-term care  Home health  Recertification

Durable medical equipment  Diagnostic study  Hospice  Office visit

Personal care services  Other:

Place of service:  Hospital  Ambulatory surgery center  Office  Home

Independent lab  Nursing facility  Other:

Additional information:

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization, please provide the authorization number with your submission.

**Emergent:** Use for ALL nonelective INPATIENT admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day).

**Urgent:** Use for OUTPATIENT services only, when provider indicates that the service is urgent, emergent or expedited.

www.empireblue.com/nymedicaidoc

Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

NYEPEC-0816-16 November 2016