Anthem BlueCross

Cal MediConnect Plan

Community-Based Adult Services Request

Fax community-based adult services (CBAS) authorization requests to 1-866-639-2281.

Date request submitted: _____

Request type (Check one.): ☐ New/face-to-face request ☐ Renewal decrease in days

☐ Renewal increase in days ☐ Renewal same number of days ☐ Change in Medicare-Medicaid or Health Plan

☐ Transfer from a different CBAS center

Number of days per week requested for the next six months: _____

CBAS intake information

Member information

Member name: _____ Date of birth: _____ Age: _____

Medicaid state ID number: _____ Sex: ☐ Male ☐ Female

Preferred language: _____

Address: _____ City: _____

State: _____ ZIP code: _____ Phone: _____

CBAS provider information

Start date for services: _____ Diagnosis description: _____

ICD-10 code: _____CPT/HCPCS code: _____

Service request description: _____

CBAS facility name: _____

Contact person: _____ CBAS TIN/Medicare ID: _____

Facility NPI: _____

Address: _____ City: _____

State: _____ ZIP code: _____ Phone: _____ Fax: _____

Primary physician information

Requesting physician name: _____ License number: _____

Tax ID number: _____ NPI number: _____

Address: _____

Address (cont.): _____ City: _____

State: _____ ZIP code: _____ Phone: _____

Requests for CBAS services require specific clinical information for us to review requested services. Always include the relevant clinical information with the CBAS request. Please submit clinical information from your own files to support the request. Thank you.

https://mediproviders.anthem.com/ca