Anthem BlueCross BlueShield

Anthem Blue Cross and Blue Shield Healthcare Solutions
Medicaid Managed Care

Precertification Request

Please check the appropriate box below and send *only* the corresponding authorization type to that fax number.

☐ For durable medical equipment (DME), outpatient rehabilitation (physical therapy/occupational therapy/speech therapy), pain management, home care, home infusion or hyperbaric treatment, and wound care, please fax to **1-866-920-8362**.

☐ For all other precertification requests (including ***all*** elective inpatient or outpatient services), please fax to **1-800-964-3627**.

☐ Routine ☐ Expedited (If expedited, please explain: _____

Date: _____ Provider return fax: _____

Member information			
First name:		Last name:	Member ID:
Address:		City, state, ZIP:	
DOB:		Phone:	
Additional member information:			
Referring provider	**☐ Participating (PAR)**	**☐ Nonparticipating (NONPAR)**	**☐ In credentialing process**
Full name:			
NPI:		Provider ID:	TIN:
Office contact name:		Office phone:	Office fax:
Address:		City, state, ZIP:	
Specialty:			
Servicing provider	**☐ PAR**	**☐ NONPAR**	**☐ In credentialing process**
Full name:			
NPI:		Provider ID:	TIN:
Office contact name:		Office phone:	Office fax:
Address:		City, state, ZIP:	
Specialty:			
Servicing facility	**☐ PAR**	**☐ NONPAR**	**☐ In credentialing process**
Full name:			
NPI:		Provider ID:	TIN:
Facility contact name:		Facility phone:	Facility fax:
Address:		City, state, ZIP:	
Requested service (check all that apply)			
Date/date range of service:			
ICD-10 code(s):			
CPT code(s) or description of service(s) if CPT code not available (include requested units):			
Type of service: ☐ Outpatient ☐ Inpatient ☐ Pharmacy ☐ Skilled nursing facility ☐ Pain management ☐ DME ☐ Home health ☐ Diagnostic study ☐ Outpatient rehab ☐ 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. If you have any questions, please call Provider Services at **1-844-396-2330**.

Disclaimer: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Anthem Blue Cross and Blue Shield Healthcare Solutions claims payment policy and procedures.

https://mediproviders.anthem.com/nv

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