Anthem BlueCross

Medi-Cal Managed Care
L.A. Care
Major Risk Medical Insurance Program

Request for Pre-Service Review

Phone: 1-888-831-2246 option# 3 / Fax: 1-800-754-4708

Date request submitted: _____

Member information:

Member name:_____ Date of birth:_____ Age:_____
Certificate number:_____ Gender: ☐ Male ☐ Female
Address:_____
City:_____ State:_____ ZIP code:_____
Phone:_____

Provider information:

Requesting physician name:_____ License number:_____
Tax ID number:_____ NPI number:_____
Address:_____
City:_____ State:_____ ZIP code:_____
Phone:_____ Fax:_____
Person completing form:_____ Phone:_____ Fax:_____

Pre-service review information: Check one: ☐ Initial request ☐ Continuation
Check one: ☐ Medical ☐ Surgical Check one: ☐ Inpatient ☐ Outpatient
Date of service, if known:_____
Diagnosis:_____ ICD-10:_____
Procedure:_____ CPT/HCPCS:_____
Servicing physician name:_____
Tax ID/Medicare number:_____ NPI number:_____
Address:_____
City:_____ State:_____ ZIP code:_____
Phone:_____ Fax:_____
Servicing facility:_____
Tax ID/Medicare number:_____ NPI number:_____
Address:_____
City:_____ State:_____ ZIP code:_____
Phone:_____ Fax:_____
In-network: Yes ☐ No ☐
History/treatment provided by referring physician:

There are certain requests for services that require specific clinical information before we can authorize the requested services. The toolkit has a variety of forms that will help you identify and provide the specific information we require. Always include this information with the *Request for Pre-Service Review* form. If there's no form available for the clinical service for which you are requesting authorization, please submit clinical information from your own files that support the request. Thank you.

Health plan use only

Status
Approved: _____ Expires: _____ Authorization number: _____

Comments: _____
Representative name: _____ Nurse reviewer: _____

This authorization is based on medical necessity only and will be contingent upon eligibility and benefits. This is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Please call the number at the top of this form if this member has any additional medical or behavioral health needs.

https://mediproviders.anthem.com/ca

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