



### Personal Care Services Prior Authorization Request

Anthem Blue Cross and Blue Shield (Anthem) prior authorization phone number: **855-558-1443**  
Anthem prior authorization fax number: **800-964-3627**

To prevent delay in processing your request, please fill out this form in its entirety with all applicable information.		
Today's date:	Return fax:	
Member information:		
First name:	Last name:	
Anthem ID:	DOB:	
Address:		
City, State, ZIP code:		
Best phone number(s) to reach member <i>(Please note, if we are unable to reach member for personal care screening, assessment services may be denied):</i>		
Ordering provider (This is the doctor who signed the Plan of Care):		
First name:	Last name:	
NPI:	TIN:	
Office contact:	Office phone:	Office fax:
Address:		
City, State, ZIP code:		
Specialty:		

<https://medproviders.anthem.com/wi>

<b>Servicing provider (Personal care agency information):</b>	
Full name:	State Medicaid ID:
Office contact name:	Office phone number:
Address:	
City, State, ZIP code:	
Fax number:	ICD-10 codes:
Dates of services being requested (cannot exceed <i>Plan of Care</i> ):	
CPT® codes being requested (For personal care services, please provide the weekly amount to reduce errors.):	
<b>Please confirm you have included all the below information or your request may not be processed.</b>	
<input type="checkbox"/> Medical doctor's order Date signed: _____ <input type="checkbox"/> PCST completed within 90 days of request for services Date completed: _____ <input type="checkbox"/> Physical or occupational therapy evaluation Date completed: _____ <input type="checkbox"/> Supervisory RN anticipated duration of services: _____ <input type="checkbox"/> <i>Plan of Care</i> : <input type="checkbox"/> Physician's <i>Plan of Care</i> date span: _____ <input type="checkbox"/> Date signed by physician: _____ <input type="checkbox"/> Supervisory RN visit date Date of last visit (must be within 60 days or services will not be renewed): _____	
<b>Please submit authorization request 30 days before current personal care worker services end.</b>	

**Please note:** If appropriate documentation is not included, your request will be returned to the fax number listed previously, and you will be asked to submit an updated prior authorization with the appropriate documentation. If you do not re-submit within 14 days, you will be required to submit a new request.