

**Precertification request**

Anthem Blue Cross and Blue Shield (Anthem) prior authorization: **1-855-558-1443** Fax: **1-800-964-3627**

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

**Today's date:** \_\_\_\_\_

**Provider return fax:** \_\_\_\_\_

**Member information**

First name:	Last name:	Anthem member ID:
Address:		City, State ZIP code:
DOB:	Contact Phone:	
Additional member information:		

**Referring provider**  **Participating**  **Nonparticipating**

Full name:		
NPI:	Provider ID:	Tax ID number (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 & supports/long-term care  Home health  
 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 from Amerigroup, 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.anthem.com/wimedicaidoc](http://www.anthem.com/wimedicaidoc)**

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