



Medi-Cal Managed Care
 L.A. Care
 Major Risk Medical Insurance Program (MRMIP)
 Phone: **888-831-2246, option 3**
 Fax: **800-754-4708**

Request for Pre-Service Review

Date request submitted:	<input type="checkbox"/> Standard request
	<input type="checkbox"/> Urgent request: By checking this box, you certify that this is to prevent loss of life or limb and/or to prevent unnecessary suffering or severe pain.

Member information

Member name:				Member ID#:	
Date of birth:		Age:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Medical	<input type="checkbox"/> Surgical	<input type="checkbox"/> Behavioral health
Check one:	<input type="checkbox"/> Initial request <input type="checkbox"/> Continuation (include prior UM reference #: _____)		
Check one:	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	
Date of service, if known:			
Diagnosis:		ICD-10:	
Procedure:		CPT®/HCPCS:	

Servicing physician name:

Tax ID/Medicare number:		NPI number:	
Address:			
City:		State:	
Phone:		Fax:	
In-network:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, is this a Continuity of Care request?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Servicing facility:

Tax ID/Medicare number:		NPI number:	
Address:			
City:		State:	
Phone:		Fax:	
In-network:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, is this a Continuity of Care request?	<input type="checkbox"/> Yes <input type="checkbox"/> No

History/treatment provided by referring physician:			
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Please submit all pertinent clinical information with your request. *Medical Policies* and *Clinical UM Guidelines* can be found here: <https://www.anthem.com/ca/provider/policies/clinical-guidelines>.

<https://providers.anthem.com/ca>

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