



An Anthem Company

Precertification Request

To prevent delays in processing your prior authorization request, fill out this form in its entirety with all applicable information and fax to Empire BlueCross BlueShield HealthPlus (Empire) at **1-800-964-3627**.

Use the following specific contact numbers if your request pertains to:

- Outpatient services (physical health):
 - Phone: **1-212-563-5570, ext. 106-200-1261, option 1**
 - Fax: **1-855-201-8530**
- Durable medical equipment/orthotics/prosthetics:
 - Fax: **1-855-201-8527**
- Home care:
 - Fax: **1-855-201-8528**
- Long-term services and supports personal care services/Consumer Directed Personal Assistance Program:
 - Phone: **1-212-563-5570, ext. 106-200-1261, prompt 2**
 - Fax: **1-844-528-3685**
- Skilled nursing facility:
 - Fax: **1-844-879-2964**
- Long-term custodial care/nursing facility
 - Fax: **1-888-826-9591**

Date:		Provider return fax:	
Member information			
Name:		Empire ID:	
Phone:		DOB:	
Address:		Additional member information:	
		Previous authorization #:	
Referring provider:			
<input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Name:		NPI:	
Provider ID:		TIN:	
Office contact name:		Office phone:	
Office fax:		Address:	
Specialty:			

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Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

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Servicing provider:	
<input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Servicing facility:	
<input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Facility contact name:	Facility phone:
Facility fax:	Address:
Requested service	
ICD-10 code(s):	Date/date range of service: CPT code(s) (include requested units):
Type of service (check all that apply):	
<input type="checkbox"/> Outpatient <input type="checkbox"/> Planned inpatient <input type="checkbox"/> Emergent inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services and supports/long-term care <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:	
Place of service:	
<input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:	
Additional information	
<input type="checkbox"/> Emergent — Use for all nonelective inpatient admissions only when provider indicates that the admission was urgent, emergent or expedited (for admission on same day). <input type="checkbox"/> Urgent — Use for outpatient services only when provider indicates that the service is urgent, emergent or expedited. <input type="checkbox"/> New service request <input type="checkbox"/> Authorization renewal	