Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755
3131 Camino Del Rio North, Ste 1300, San Diego, CA 92108

FOR ALL LTC Specialist, DME, Transportation and Ancillary Requests
Please send FAX to (323) 889-6577
Urgent Request for PCS/Transportation: (323) 889-6506
LTC Telephone: (855) 622-2755

LONG TERM CARE (LTC) AUTHORIZATION REQUEST

☐ ROUTINE ☐ URGENT ☐ RETROACTIVE

I. PATIENT INFORMATION

PRIMARY LANGUAGE SPOKEN: _____
Require Interpreter: ☐ Y ☐ N ☐ American Sign Language

Member Name: _____ DOB: _____ Gender: ☐ F ☐ M

Member Address: _____ City: _____ Zip: _____

Phone #: _____ Member ID #: _____ ☐ Medicare ☐ Medi-Cal

II.

Date of Request: _____ Requesting Physician: _____

III. SERVICE(S) REQUESTED (Use ICD-10 Codes for Date of Request on or after 10/01/2015)

☐ Home Health ☐ Infusion ☐ Transportation ☐ DME ☐ Medical Supplies

☐ Respiratory Supplies ☐ Hospice ☐ Enteral Feedings ☐ Decubitus Equipment ☐ Other

Diagnosis: _____ ICD-10 code(s): _____

Service(s/Procedure(s: _____ CPT code(s): _____

Prior Treatment &Results: _____

Physician's Signature: _____ Fax: _____
(May attach MD ORDER)

Phone: _____

U.M. Decision Status: ☐ APPROVED ☐ MODIFIED ☐ DEFERRED ☐ DENIAL

AUTH #: _____ Date Approved: _____ Date Auth. Expired: _____

BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN USE ONLY:

Member Eligibility as of: _____ PCP Provider ID #: _____

☐ IPA RESPONSIBILITY Date faxed to IPA: _____

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE. Payment will NOT be made for unauthorized services. All lab and x-rays must be ordered/performed by contracting providers Contact Blue Shield of California Promise Health Plan U.M. Department at above number, if unsure.
Specialist reports must be sent to PCP promptly.

Revised: 06/02/2021