

Home Health Treatment Authorization Request

	Routine Request		Modification/ Extension		Retroactive Request		Urgent Request
	FAX: (323) 889-6574		FAX: (323)889-6574		FAX (323)889-6574		FAX: (323) 889-5403

Important: Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee.

Patient Information		Language spoken:	
Member's name:		DOB:	Gender: M F
Street Address:		City:	State: ZIP Code:
Member's plan ID number:		Effective date:	Phone:
Service Information			
Referral requested by:		Phone:	FAX:
Request date:	Referred to (servicing provider):	NPI/Tax ID:	Specialty:
Servicing provider's full address:		Phone:	FAX:
Facility name:	NPI/Tax ID:	Phone:	FAX:
Service(s) Requested:			
CPT/HCPC code(s):		CPT/HCPC description:	
ICD-10 code(s):		Dx description:	
For modification/extension requests:			
Date last authorized:		Previous Blue Shield Promise authorization number:	
MD/NP/PA justification for request:			
Requesting provider's name (please print):		Provider's signature:	
Accident?	If yes, where did the accident occur?		
Yes No	Home	Work	Auto Other:
IPA responsibility? Check box, if yes	IPA authorization number:	Dates of service authorized (from/to): -	

PLEASE ATTACH THE LATEST AVAILABLE MEDICAL RECORDS AND PROGRESS NOTES. THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. PLEASE CHECK ELIGIBILITY BEFORE RENDERING SERVICE. Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracted providers. If you are unsure whether the provider is contracted with Blue Shield of California Promise Health Plan, contact Blue Shield Promise's Utilization Management Department at (800) 468-9935. Specialist findings must be sent to the member's primary care physician.