



STAT/URGENT

Yes  No

# PRE-CERTIFICATION REQUEST FORM

**This request requires current medical records to be submitted, along with this form completed in its entirety. BRMS will not review this request, unless these requirements are fulfilled.**

## REQUESTING PROVIDER INFORMATION

Date of Request: \_\_\_\_\_ What type of review is being requested?  Retro  Prospective

Contact Name: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

Email of Provider Contact: \_\_\_\_\_

## SUBSCRIBER INFORMATION

Subscriber Name: \_\_\_\_\_ SSN or ID #: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Relation to Subscriber:  Self  Spouse  Son  Daughter  Other Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Is this request related to an accident or injury?  No  Yes; Date of Injury: \_\_\_\_\_

Is the patient currently participating in a clinical trial?  No  Yes; Name of Trial: \_\_\_\_\_

## PHYSICIAN INFORMATION

*If you need to confirm that the physician is in network, contact BRMS provider services at (888) 326-2555.*

*Tax ID # is required*

Physician Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ NPI #: \_\_\_\_\_

City, State and Zip+4: \_\_\_\_\_ *IN OFFICE Procedure*  YES  NO

## FACILITY/HOSPITAL INFORMATION

*If you need to confirm that the facility/hospital is in network, contact BRMS provider services at (888) 326-2555.*

*Tax ID # is required*

Facility/Hospital Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ NPI #: \_\_\_\_\_

City, State and Zip+4: \_\_\_\_\_

## REQUESTED DIAGNOSIS/PROCEDURE INFORMATION

Code Type	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6
ICD-10 Diagnosis Code	_____	_____	_____	_____	_____	_____
CPT Procedure Code	_____	_____	_____	_____	_____	_____

**Inpatient**  Yes;  No Admission Date: \_\_\_\_\_ Discharge Date (if applicable): \_\_\_\_\_

**Outpatient** Date of Service \_\_\_\_\_ Treatment Plan/ Quantity \_\_\_\_\_

Review determination is based on medical policy utilization and is a guide in evaluating the medical necessity of a particular service or treatment. BRMS adopts policies after careful review of published peer-reviewed scientific literature; national evidence based medical guidelines and local standards of practice. Since medical technology is constantly changing, BRMS reserves the right to review and update policies as appropriate.

## FORM SUBMISSION & QUESTIONS

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**SECURE FAX:** (916) 467-1403

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