

Federal Employee Program.

Prior Authorization Request Form Hospice	
Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation,	
track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.	
Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization	
Requests according to the Blue Cross Blue Shield Service Benefit Plan. Failure to complete this form in	
its entirety may result in delayed processing or an adverse determination for insufficient information.	
Provider Information	Patient Information
Servicing Provider Name and Address:	Patient's Name:
Tax ID Number: NPI:	Birth Date:
Office Contact:	
Fax Number: Phone Number:	
Referring/Prescribing Physician's Name:	Blue Shield ID Number:
PCP; Specialist:	
Servicing Agency Name and Address:	Place of Service:
	Physician's Office Freestanding Ambulatory Surgery Center
	□Patient's Home □Home Care Agency □Outpatient Hospital Care □Long Term Care □Inpatient Hospital Care
Tax ID Number: NPI:	Dother (explain):
Medicare ID:	
Agency Contact:	
Phone: () Fax: ()	Anticipated Date of Service:
	Draw Date:
Please enter all codes requested; "by report" codes must have a description of why the code is being used	
ICD-10 CODE(S): DIAGNOSIS:	
ANTICIPATED DATE OF ADMISSION: ROUTINE OR CONTINOUS:	
PATIENT CLINICAL INFORMATION	
Please read the following criteria and provide the requested documentation:	
Note: Prior authorization is required	
Members prognosis less than 6 months	
Please provide the following documentation:	
• History and Physical:	
 Clearly document medical necessity for Hospice care 	
• Height, weight, and mid arm circumference (MAC)	
• Signed member consent form(s)	
• Signed Certification of Terminal Illness	
• One of the following:	
Functional Assessment Scale (FAST)	
 Palliative Performance Scale (PPS) 	

View our Medical Policy on line at https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms#

Fax Number: 1-888-619-0492

Phone Number: 1-800-995-2800

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