

Federal Employee Program.

Prior Authorization Request Form

IMRT Abdomen and Pelvis

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/Vendor/Lab's Name and Address:	Patient's Name:
Tax ID Number: NPI:	Birth Date:
Deferming / Dresquiking Dhysician/s Norma	Dive Chief ID Niveshor
Referring/Prescribing Physician's Name:	Blue Shield ID Number:
□ PCP; □ Specialist:	
PLEASE IDENTIFY SPECIALTY	
Servicing Facility 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:	□Other (explain):
Office Contact:	
Phone: ()	
Fax: ()	Anticipated Date of Service:
Please enter all codes requested; "by report" codes must have a description of why the code is being used	
ICD-10 CODE(S):	
CPT CODE(S):	
HCDCC CODE(c)	

HCPCS CODE(S):

PATIENT CLINICAL INFORMATION

Please provide the following documentation:

- History and physical and radiation oncology consultation report including:
 - o Medical necessity for performing IMRT rather than conventional or 3D treatment planning
 - Past history of radiation (site) (if applicable)
 - o Past surgical procedures (pertaining to request)
 - o Primary cancer type and location
- Goals/requirements of the IMRT treatment plan and proposed IMRT treatment dose (dose volume histogram [DVH] -in color preferred; organs at risk)
- Comparison 3D-CRT dose volume histogram (DVH) (in color preferred; organs at risk) (as applicable)
- Radiology report(s) for the past 2 months

Please CALL for mailing address or to initiate secure e-mail

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

Fax Number: 1-855-895-3504

Phone Number: 1-800-633-4581

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