



Federal Employee Program

Prior Authorization Request Form		Medical Injectable Drug	
Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for medical 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 <i>Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.</i>			
Patient Information			
Patient's Name:		Blue Cross Blue Shield ID Number: R	
Birth Date:		Patient's Phone Number:	
Height:	Weight:	BSA:	
Billing Provider Information		Ordering Physician/Provider Information	
Name and Address:		<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:	
Tax ID Number:		Tax ID Number:	
NPI Number:		NPI Number:	
Office Contact:		Office Contact:	
Phone: ()		Phone: ()	
Fax: ()		Fax: ()	
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):			
HCPCS CODE(S):			
DRUG NAME, DOSE & DIRECTIONS (INCLUDE NUMBER OF CYCLES/DURATION)			
PLACE OF SERVICE FOR ADMINISTRATION:			
Physician's office	Infusion Center	Home Self Injection	Home Infusion
Outpatient Infusion	Other		
PATIENT CLINICAL INFORMATION			
Please provide the following documentation: Anticipated Date(s) of Service:			
<ul style="list-style-type: none"> • Is the patient currently on the requested medication? If yes please provide date of initiation • Please list past and present treatments for this indication, dates of therapy, and responses: • History and Physical • Pertinent Lab Results and/or Radiological Reports and/or Pathology Reports • ANY OTHER CLINICAL INFORMATION RELEVANT TO THIS REQUEST 			

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
<small>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small>	