blue of california

Urgent Request for Medicare Prior Authorization

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.

Please note, scheduling issues do not meet the definition of Urgent.

Definition of an Urgent Request:

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 member.

Provider Information	Patient Information
Referring/Prescribing Physician: ☐ PCP ☐ Specialist* Name: *Please identify SPECIALTY:	Patient's Name: Birth Date: Blue Shield ID Number:
Servicing Provider: ☐ MD ☐ Vendor ☐ Lab ☐ Facility ☐ Other Name: Address: Tax ID Number: NPI:	**Place of Service** ☐ Freestanding Ambulatory Surgery Center ☐ Home Care Agency ☐ Inpatient Hospital Care ☐ Long Term Care ☐ Outpatient Hospital Care ☐ Patient's Home ☐ Physician's Office ☐ Other (explain): Anticipated Date of Service:
Office Information: Contact: Phone: ( ) Fax: ( )	

Information required below

Please provide the necessary clinical information along with the procedure fax form.
Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Please be advised the request will take up to and including 72 hours.

☐ Surgery/procedure/Diagnosis Code request:
Please enter all codes requested; "by report" codes must have a description of why the code is being used

ICD-10 PRIMARY DX CODE:

ICD-10 ADDITIONAL DX CODE(S):

CPT/HCPCS CODE(S):

☐ PLEASE EXPLAIN THE REASON FOR THE EXPEDITED REQUEST TO SUPPORT THE DEFINITION INDICATED ABOVE.

MD SIGNATURE:______________________________________ PLEASE FAX TO BSC: 844-696-0975

FOR BLUE SHIELD OF CALIFORNIA USE ONLY:

REQUEST DOES MEET THE URGENT CRITERIA. PLEASE ALLOW 72 HOURS FROM THE ORIGINAL RECEIPT DATE FOR A RESPONSE.

REQUEST DOES NOT MEET THE URGENT CRITERIA. PLEASE ALLOW 5 BUSINESS DAYS FROM THE ORIGINAL RECEIPT DATE OF THE REQUEST FOR A RESPONSE.

An Independent Member of the Blue Shield Association

For questions: Call BSC Medical Care Solutions	Phone Number: 800-786-7474

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.