

Federal Employee Program.

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Prior Authorization Request Form		Biofeedback
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:
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):		
HCPCS CODE(S):		
PATIENT CLINICAL INFORMATION		
Please provide the following documentation:		
 History and physical consultation notes or progress notes including past treatment responses Treatment plan (including type of biofoodback and number of treatment sessions) 		
 Treatment plan (including type of biofeedback and number of treatment sessions) 		

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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