



Federal Employee Program.

Prior Authorization Request Form		Panniculectomy, Abdominoplasty and Surgical Management of Diastasis Recti (BSC)	
<p>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.</p>			
<p>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.</p>			
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:	
<input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY			
Servicing Facility Name and Address:		Place of Service:	
Tax ID Number:	NPI:	<input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____	
Office Contact:		Anticipated Date of Service:	
Phone: ()			
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):			
PATIENT CLINICAL INFORMATION			
<p>Please provide the following documentation:</p> <ul style="list-style-type: none"> • History and physical, and/or consultation notes including: indication for procedure • Weight over the past six months, including current height and weight • Office progress notes indicating type and duration of medically supervised conservative treatments (e.g., for skin conditions) • Procedure reports or treatment records pertaining the treatment of skin condition or structural abnormality (if applicable) • Dated frontal and lateral preoperative quality clinical photographs confirming panniculus and chronic skin condition (photos of skin condition may require separation or lifting of the panniculus) • Date of bariatric procedure (if applicable) • Operative report(s) 			

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
<p><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></p>	