



Federal Employee Program.

Prior Authorization Request Form

(Please choose the appropriate policy for this request)

Cervical Spinal Fusion Lumbar Spinal Fusion Thoracic Spinal Fusion

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.

Referring/Prescribing Physician's Name/Address + Suite#: _____ Tax ID Number: _____ NPI: _____ Is the requesting provider a: <input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY Phone: () Fax: ()	Patient's Name: _____ Birth Date: _____ Member ID Number: R
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Servicing Provider/Vendor/Lab's Name and Address + Suite#: _____ Tax ID Number: _____ NPI: _____ Contact: _____ Phone: () Fax: ()	If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address: Tax ID Number: _____ NPI: _____
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Billing Facility Name and Address (If Applicable): _____ Tax ID Number: _____ NPI: _____ Contact: _____ Phone: () Fax: ()	Place of Service: <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): _____ Anticipated Date of Service: _____ Draw Date: _____
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Please enter all codes requested; unlisted codes must have a description. Please include the quantity for each code requested and if applicable, left, right or bilateral designations.

ICD-10 CODE(S): _____

CPT CODE(S): _____

HCPCS CODE(S): _____

Please provide the following documentation:

- History and Physical
- Progress Notes- indicating past and current treatment response(s) to date.
- Pertinent Lab Results and/or Radiological Reports

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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