BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form required for RTC	**Inpatient Residential (RTC is never considered urgent)**
Standard Fax Number: 1 (888) 619-0492	**Urgent Fax Number:** *n/a*

Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for medical requests and requests for medications covered under the medical benefit. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.

Notice: The Federal Employee Program has a 3 calendar Day turn-around time on all RTC requests for Standard Prior Authorization 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.

☐ New Standard Request ☐ New Urgent Request (RTC is never urgent)

Important For Urgent Requests: N/A for RTC

MD Signature REQUIRED For Urgent Requests Only:

☐ Modification Or ☐ Extension Requests Complete the Section Below:

Date Last Authorized: n/a	Previous Authorization Number:
MD/NP/PA justification for modification or extension:	

Patient Information:

First Name:	Last Name:
Date of Birth:	ID Number:
Address:	

Referring/Prescribing Provider:

Name:			NPI:	
Street Address + Suite #:			Email address:	
City:	State:	Zip:	Phone:	Fax:
Type of Provider: ☐ PCP ☐ Specialist Type:			Contact Name and Phone Number:	

Servicing/Billing: Provider/Vendor/Lab *If same as Referring/Prescribing Provider Check Here* ☐

Name:			NPI:	
Street Address + Suite #:			Email address:	
City:	State:	Zip:	Phone:	Fax:

Specialist Type:	Contact Name and Phone Number:

If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:		
Group Name:		NPI:
Street Address + Suite #:		
City:	State:	Zip:

Billing Facility (If Applicable):				
Facility Name:			NPI:	
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Contact Name and Phone Number:				

Anticipated Date of Service:	**If Lab, Draw Date:**

Place of Service: (Check One Box Only or If typing replace box with an "X"):

☐ Office	☐ Home	☐ On Campus OP Hosp
☐ Acute Rehab	☐ Hospice	☐ PHP
☐ Ambulance- Air or Water	☐ Independent Clinic	☐ RTC – Psychiatric
☐ Ambulance-Land	☐ Independent Laboratory	☐ RTC – SUD
☐ Ambulatory Surgical Center	☐ Inpatient Hospital	☐ Skilled Nursing Facility
☐ Assisted Living Facility	☐ Intermediate Care Facility	☐ Telehealth
☐ Birthing Center	☐ IOP	☐ Urgent Care Facility
☐ Custodial Care Facility	☐ IP Psychiatric Facility	☐ Other - Please Specify:
☐ End Stage Renal Disease TX	☐ Nursing Facility	
☐ Group Home	☐ Off Campus OP Hosp	

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/HCPC Code(s):

For questions: Call FEP Authorization Requests Phone Number: 1 (800) 633-4581

Please provide the following documentation:

History and physical and/or consultation notes including:

- Member must consent and actively participate in the local FEP Case Management Program. Case Management RTC Consent must be signed and returned prior to any IP RTC days being authorized
- Please fax clinical documentation to support medical necessity for IP RTC treatment of a medical, mental health, or substance abuse condition, to include
  - Prior Treatment: PHP, IOP, Outpatient or Private Pay Programs in which the member participated
  - ER/Urgent Care visits in the last year
  - Names of Outpatient Providers: (PCP-Psychiatrist-Therapist)
  - For Chemical Dependency Admissions please include:
    - Substance-Use History: Drug(s), Substances Used and Date of Last Use
    - Current Symptoms- Any Detoxification Needs
- **Treatment plan and discharge plan must be declared prior to admission. (Please Attach Treatment Plan or you may utilize the options below.)**
- **Please provide accrediting body license information for facility healthcare providers who perform covered service**

Preliminary Treatment Plan: Please check all that apply:

Receive education on the disease concept of addiction and cross addiction
☐ Receive education on anti-craving medication
☐ Development of a relapse prevention plan
☐ Identify relapse triggers
☐ Develop coping skills
☐ Weekly family sessions
☐ Psychiatric evaluation
☐ Medication management
☐ Daily 12 step meetings/12 step work
☐ Individual therapy sessions
☐ Group therapy sessions
☐ Other:

Preliminary DC Plan: (PLEASE WRITE OR TYPE programs, levels available to member in their home location)

A valid discharge plan is required to receive a pre-authorization for members benefits

Non-covered Inpatient RTC Care:

- Group home, half-way house, or similar setting
- Sub Acute Detoxification
- Respite care
- Care that is primarily domiciliary, provided because care in the home is unavailable or unsuitable
- Benefits are not available for non-covered services, including:
  - Services provided outside of the provider's scope of practice
  - Recreational therapy
  - Educational therapy and/or classes
  - Bio-feedback
  - Outward bound programs
  - Equine therapy
  - Personal comfort items, guest meals, television, etc.

View our Medical Policy online at https://www.fepblue.org/legal/policies-guidelines