



Federal Employee Program

Prior Authorization Request Form | Genetic Testing of CADASIL Syndrome

Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for medical 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.

Patient Information

Patient's Name:

Blue Cross Blue Shield ID Number: R

Birth Date:

Patient's Phone Number:

Billing Provider Information

Ordering Physician/Provider Information

Name and Address:

Please check this box if the ordering and billing provider are the same
 Provider's Name and Address:

Tax ID Number:

Tax ID Number:

Office Contact:

Office Contact:

Phone: ()

Phone: ()

Fax: ()

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

Please provide the following documentation: Anticipated Date(s) of Service:

- History and physical and/or consultation notes including:
 - Family history for CADASIL, including Family relationship(s): (maternal or paternal), (family member [e.g., sibling, aunt, grandparent]), (living or deceased) ((if applicable).
 - Imaging results (e.g., MRI)
 - Laboratory testing/other specialized testing (e.g., skin biopsy)
 - Reason for Request
 - Specific clinical signs and symptoms

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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