blue of california

Medicare Prior Authorization Request Form	**Policy Title**
BSC Fax: 844-696-0975	**BSC Mail:** P.O. Box 629005 El Dorado Hills, CA 95762-9005

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: BSC has a 14 Calendar Day turn-around time on all Medicare Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Provider Information	**Patient Information**
Referring/Prescribing Physician: ☐ **PCP** ☐ **Specialist*** **Name:** ***Please identify SPECIALTY:**	**Patient's Name:** **Birth Date:** **Blue Shield ID Number:**
Servicing Provider: ☐ **MD** ☐ **Vendor** ☐ **Lab** ☐ **Facility** ☐ **Other** **Name:** **Address:** **Tax ID Number:** **NPI:**	**Place of Service** ☐ **Freestanding Ambulatory Surgery Center** ☐ **Home Care Agency** ☐ **Inpatient Hospital Care** ☐ **Long Term Care** ☐ **Outpatient Hospital Care** ☐ **Patient's Home** ☐ **Physician's Office** ☐ **Other (explain):** **Anticipated Date of Service:**
Office Information: **Contact:** **Phone: ( )** **Fax: ( )**	

Please enter all codes requested; "by report" codes must have a description of why the code is being used

ICD-10 PRIMARY DX CODE:

ICD-10 ADDITIONAL DX CODE(S):

CPT/HCPCS CODE(S):

PATIENT CLINICAL INFORMATION

Please provide the following documentation:

- ☐ History and physical and/or consultation notes including:
  - ☐ Clinical findings (i.e., pertinent symptoms and duration)
  - ☐ Comorbidities
  - ☐ Activity and functional limitations
  - ☐ Family history if applicable
  - ☐ Reason for procedure/test/device, when applicable
  - ☐ Pertinent past procedural and surgical history
  - ☐ Past and present diagnostic testing and results
  - ☐ Prior conservative treatments, duration, and response
  - ☐ Treatment plan (i.e., surgical intervention)
- ☐ Consultation and medical clearance report(s), when applicable
- ☐ Radiology report(s) and interpretation (i.e., MRI, CT, discogram)
- ☐ Laboratory results
- ☐ Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable
- ☐ Any high-quality color images should be securely emailed to PART-CISD@blueshieldca.com. In the email to PART-CISD@blueshieldca.com, please include the patient's name and date of birth.

For questions: Call BSC Medical Care Solutions	**Phone Number: 1 800-786-7474**