

Prior Authorization Request Form
Behavioral Health Services

Use only for- Administrative Services Organization (ASO), Shared Advantage (SA), and CalPERS PPO.
ABA and all other Commercial LOB, refer to Magellan

Standard Fax Number: 1 (844) 807-8997

Urgent Fax Number: 1 (844) 807-8996

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: Blue Shield of CA has a 5 Business Day turn-around time on all Standard Prior Authorization Requests. 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 Standing Referral

Important For Urgent Requests: Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee. *If there is no MD signature present the request will be processed as a Standard request.*

MD Signature REQUIRED For Urgent Requests Only:

Modification Or Extension Requests Complete the Section Below:

Date Last Authorized:

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 #:

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:

Tax ID:

NPI:

Street Address + Suite #:

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:				
Types of Services:				
Inpatient: Acute Inpatient Behavioral Health Acute Substance Use Disorder (SUD) & Rehab Residential Treatment Center (RTC)			Outpatient: Electroconvulsive Therapy (ECT) Intensive Outpatient Program (IOP) Neuropsychological Testing Partial Hospitalization (PHP) Transcranial Magnetic Stimulation (TMS)	
Place of Service:				
Community Mental Health Center Home Independent Clinic Inpatient Hospital Inpatient Psychiatric Facility Office			Psychiatric Facility Partial Hospitalization Psychiatric Residential Treatment Center Residential Substance Abuse Treatment Facility Telehealth Other - Please Specify	
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 BSC Medical Care Solutions Phone Number:1-800-541-6652				
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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

 - Past and present diagnostic testing and results

 - Prior conservative treatments, duration, and response

 - Treatment plan (i.e., medication intervention)

- Consultation and medical clearance report(s), when applicable

- Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, medication management) when applicable

Visit our website at blueshieldca.com