blue of california

Prior Authorization Request Form	Endobronchial Brachytherapy
BSC Fax: (844) 807-8997	**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 5 Business Day turn-around time on all 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
Servicing Provider/Vendor/Lab's Name and Address: **Tax ID Number:** **NPI:**	**Patient's Name:** **Birth Date:**
Referring/Prescribing Physician's Name: ☐ **PCP;** ☐ **Specialist:** **PLEASE IDENTIFY SPECIALTY**	**Blue Shield ID Number:**
Servicing Facility Name and Address: **Tax ID Number:** **NPI:**	**Place of Service:** ☐**Physician's Office** ☐**Freestanding Ambulatory Surgery Center** ☐**Patient's Home** ☐**Home Care Agency** ☐**Outpatient Hospital Care** ☐**Long Term Care** ☐**Inpatient Hospital Care** ☐**Other (explain):** _____
Office Contact:	
Phone: ( )	
Fax: ( )	**Anticipated Date of Service:**

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:
  - Tumor classification
  - Past medical and/or surgical treatment and response
- Operative report(s) or procedure report(s)
- Pathology report(s)
- Radiation treatment plan including: type of brachytherapy, therapy schedule, and number of treatments

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652 Option 6