

Prior Authorization Request Form	Orthognathic Surgery
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 \(www.blueshieldca.com/provider\)](http://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: <input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY	Blue Shield ID Number:
Servicing Facility Name and Address: Tax ID Number: NPI:	Place of Service: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____ Anticipated Date of Service:
Office Contact:	
Phone: ()	
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:

- History and physical or consultation notes including:
 - Description of the specific anatomic deformity present
 - Diagnosis and evaluation
 - Previous management of the functional medical impairment (if applicable)
 - Symptoms related to the orthognathic deformity (if applicable)
- Medical diagnostic quality (clear) intra-oral and extra-oral photographs, two-view head photograph (front and side view)
- Bilateral cephalometric radiographs with measurements
- Cephalometric tracings and/or analysis
- Additional reports:
 - Current study models with the appropriate bite registration or representation of patients pre-surgical centric occlusion and /or centric relation bite ***Please do not submit moldings**
 - Panorex x-ray or tomograms
- Documentation demonstrating completion of skeletal growth for cases under the age of 18 (except for Class II malocclusion-mandibular retrognathic)

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