blue of california

Prior Authorization Request Form	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
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
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:** **Phone: ( ) Fax: ( )** **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:
  - ☐ Description of the knee structure (articular cartilage defects [including grade] and surrounding
  - ☐ articular cartilage degenerative changes)
  - ☐ Knee biomechanic (i.e., stability) on physical exam
  - ☐ Documented closure of growth plates (if applicable)
  - ☐ Prior treatment (surgical and non-surgical) and patient response(s)
  - ☐ Reason for requested procedure and type of chondrocyte implantation planned (e.g., autologous chondrocyte or matrix-induced)
- ☐ Progress notes specific to the condition and request (if applicable)
  Diagnostic radiology reports (including Outerbridge classification)

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