BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form	Artificial Intervertebral Disc Cervical Spine

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: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests according to the Blue Cross Blue Shield Service Benefit Plan. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Referring/Prescribing Provider:
Name:

Street Address + Suite#:

City, State, Zip:

Tax ID Number: **NPI:**

Contact Name:

Phone: ( ) Fax: ( )

Patient's First Name:

Patient's Last Name:

Patient's Date of Birth:

ID Number Beginning with "R":

Servicing/Billing: Provider/Vendor/Lab
Name:

Address + Suite#:

City, State, Zip

Tax ID Number: **NPI:**

Contact Name:

Phone: ( ) **Fax: ( )**

Type of provider: ☐ PCP; ☐ Specialist Type:

If Servicing Provider is *billing as part of a Group Contract* enter the Group Name and Address:
Group Name:

Group address + Suite#

City, State, Zip

Tax ID Number: **NPI:**

Billing Facility (If Applicable):
Facility Name:

Street Address

City, State, Zip

Tax ID Number: **NPI:**

Contact Name:

Phone: ( ) **Fax: ( )**

Anticipated Date of Service:

Place of Service: (Check One Box Only)
☐ Office; ☐ Acute Rehab;
☐ Ambulance- Air or Water; ☐ Ambulance-Land;
☐ Ambulatory Surgical Center;
☐ Assisted Living Facility; ☐ Birthing Center;
☐ Custodial Care Facility;
☐ End Stage Renal Disease Tx; ☐ Group Home;
☐ Home; ☐ Hospice; ☐ Independent Clinic;
☐ Independent Laboratory; ☐ Inpatient Hospital;
☐ Intermediate Care Facility; ☐ IOP;
☐ IP Psychiatric Facility; ☐ Nursing Facility;
☐ Off Campus OP Hosp; ☐ On Campus OP Hosp;
☐ PHP; ☐ RTC – Psychiatric; ☐ RTC – SUD;
☐ Skilled Nursing Facility; ☐ Telehealth;
☐ Urgent Care Facility;
☐ 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 CODE(S):

HCPCS CODE(S):

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581

View our Medical Policy on line at https://www.fepblue.org/legal/policies-guidelines

Please provide the following documentation:

History and physical and/or consultation notes including:

- Progress Notes including: (if applicable)
  - past and current treatment response(s) to:
    - conservative non operative treatment
    - Pain management program or protocol
    - Physical therapy
    - Neuropathic pain pharmacotherapy
  - Documentation of severe or rapidly progressive symptoms of nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment.
  - Documentation of cervical degenerative disc disease.
  - Previous surgical report(s) (if applicable)
- Pertinent Lab Results and/or Radiological Reports- MRI CT or myelography

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