



Federal Employee Program.

Prior Authorization Request Form		Virtual Colonoscopy Computed Tomography Colonography	
<p>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.</p>			
<p>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.</p>			
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): _____	
Office Contact:		Anticipated Date of Service:	
Phone: ())			
Fax: ())			
<p>Please enter all codes requested; "by report" codes must have a description of why the code is being used</p>			
ICD-10 CODE(S):			
CPT CODE(S):			
HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
<p>Please provide the following documentation:</p> <ul style="list-style-type: none"> • History and physical, clinical summary or consultation notes including: medical condition or contraindication(s) to conventional colonoscopy • Endoscopic procedure reports (e.g., sigmoidoscopy, colonoscopy) • Patient height and weight (if applicable) 			

View our Medical Policy on line at <https://www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms#>

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581
<p><small>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small></p>	