



Federal Employee Program.

Prior Authorization Request Form		Facet Joint Denervation	
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.			
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: ()			
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: <ul style="list-style-type: none"> • History and physical and/or consultation notes including: <ul style="list-style-type: none"> ○ Diagnostic facet joint block (medial branch block) results ○ Prior conservative treatment, procedures, and patient responses ○ Treatment plan • Diagnostic radiological reports 			

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
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