



Federal Employee Program.

Prior Authorization Request Form		Facet Joint Inj Facet Joint Nerve Blocks	
<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>			
Referring/Prescribing Physician's Name/Address + Suite#:		Patient's Name:	
Tax ID Number: NPI: Is the requesting provider a: <input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY Phone: () Fax: ()		Birth Date: Member ID Number: R	
Servicing Provider/Vendor/Lab's Name and Address + Suite#:		If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:	
Tax ID Number: NPI: Contact: Phone: () Fax: ()		Tax ID Number: NPI:	
Billing Facility Name and Address (If Applicable):		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): _____	
Tax ID Number: NPI: Contact: Phone: () Fax: ()		Anticipated Date of Service: Draw Date:	
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):			
Please provide the following documentation:			
<ul style="list-style-type: none"> • History and Physical and Progress notes including: <ol style="list-style-type: none"> 1. Diagnosis 2. Duration of pain 3. Duration and response to conservative therapy 4. Previous injection(s) and response(s) (if applicable) 5. Treatment plan • Injection(s) planned including: location, specific amount and type of injectate solution(s), narcotic sedation (if applicable) • Type of procedure guidance (i.e., fluoroscopy, ultrasound) Radiology report(s) 			

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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