



Federal Employee Program.

<b>Prior Authorization Request Form</b>		<b>IMRT Head and Neck or Thyroid</b>	
<b>Use AuthAccel - Blue Shield's online authorization system</b> - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection ( <a href="http://www.blueshieldca.com/provider">www.blueshieldca.com/provider</a> ) and click the Authorizations tab to get started.			
<b>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.</b>			
<b>Provider Information</b>		<b>Patient Information</b>	
Servicing Provider/Vendor/Lab's Name and Address:		Patient's Name:	
Tax ID Number:	NPI:	Birth Date:	
Referring/Prescribing Physician's Name:		Blue Shield ID Number:	
<input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: <b>PLEASE IDENTIFY SPECIALTY</b>			
Servicing Facility Name and Address:		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:		
Office Contact:			
Phone: (     )			
Fax: (     )		Anticipated Date of Service:	
<b>Please enter all codes requested; "by report" codes must have a description of why the code is being used</b>			
<b>ICD-10 CODE(S):</b>			
<b>CPT CODE(S):</b>			
<b>HCPCS CODE(S):</b>			
<b>PATIENT CLINICAL INFORMATION</b>			
<b>Please provide the following documentation:</b>			
<ul style="list-style-type: none"> <li>• History and Physical</li> <li>• Progress Notes- indicating past and current treatment response(s) to date</li> <li>• Pertinent Lab Results and/or Radiological Reports</li> </ul>			

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

<b>Fax Number: 1-855-895-3504</b>	<b>Phone Number: 1-800-633-4581</b>
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