



Federal Employee Program.

Prior Authorization Request Form Immune Cell Function Assay

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: Patient's Name:
Tax ID Number: NPI: Birth Date:

Referring/Prescribing Physician's Name: Blue Shield ID Number:
PCP; Specialist: PLEASE IDENTIFY SPECIALTY

Servicing Facility Name and Address: Place of Service:
Tax ID Number: NPI: Physician's Office Freestanding Ambulatory Surgery Center
Patient's Home Home Care Agency Outpatient Hospital Care
Long Term Care Inpatient Hospital Care
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:
History and physical and/or cardiology consultation report including:
Clinical justification for ICD placement including major risk factors for sudden cardiac death
Date ICD procedure is planned and type of ICD requested (automatic or subcutaneous)
Past medical treatment and response(s)
Left ventricular ejection
Myocardial infarction history including date
NYHA Functional Classification
Past cardiac surgical history (e.g., ICD placement or explanation, revascularization procedures) and dates associated (if applicable)
Estimated life expectancy based on medical history (non-cardiac)
Family history of sudden cardiac death (including generation)
Cardiac monitoring result(s) (e.g., EKG, Holter, echocardiogram, hemodynamic or EP studies)
Echocardiogram report within the past six months
Operative procedure report(s) relating to an ICD (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

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