



Federal Employee Program.

<b>Prior Authorization Request Form</b>		<b>Implantable Cardioverter Defibrillator</b>	
<p><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 <b>Provider Connection</b> (<a href="http://www.blueshieldca.com/provider">www.blueshieldca.com/provider</a>) and click the Authorizations tab to get started.</p>			
<p><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></p>			
<b>Provider Information</b>		<b>Patient Information</b>	
<b>Servicing Provider/Vendor/Lab's Name and Address:</b>  <b>Tax ID Number:</b> <b>NPI:</b>		<b>Patient's Name:</b>  <b>Birth Date:</b>	
<b>Referring/Prescribing Physician's Name:</b>  <input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: <b>PLEASE IDENTIFY SPECIALTY</b>		<b>Blue Shield ID Number:</b>	
<b>Servicing Facility Name and Address:</b>  <b>Tax ID Number:</b> <b>NPI:</b>		<b>Place of Service:</b> <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): _____	
<b>Office Contact:</b>		<b>Anticipated Date of Service:</b>	
<b>Phone: (     )     )</b>			
<b>Fax: (     )     )</b>			
<p><b>Please enter all codes requested; "by report" codes must have a description of why the code is being used</b></p>			
<b>ICD-10 CODE(S):</b>			
<b>CPT CODE(S):</b>			
<b>HCPCS CODE(S):</b>			
<b>PATIENT CLINICAL INFORMATION</b>			
<p><b>Please provide the following documentation:</b></p> <ul style="list-style-type: none"> <li>• History and physical and/or cardiology consultation report including:             <ul style="list-style-type: none"> <li>○ Clinical justification for ICD placement including major risk factors for sudden cardiac death</li> <li>○ Date ICD procedure is planned and type of ICD requested (automatic or subcutaneous)</li> <li>○ Past medical treatment and response(s)</li> <li>○ Left ventricular ejection fraction and date obtained</li> <li>○ Myocardial infarction history including date</li> <li>○ NYHA Functional Classification</li> <li>○ Past cardiac surgical history (e.g., ICD placement or explanation, revascularization procedures) and dates associated (if applicable)</li> <li>○ Estimated life expectancy based on medical history (non-cardiac)</li> <li>○ Family history of sudden cardiac death (including generation)</li> <li>○ Cardiac monitoring result(s) (e.g., EKG, Holter, echocardiogram, hemodynamic or EP studies)</li> </ul> </li> <li>• Echocardiogram report within the past six months             <ul style="list-style-type: none"> <li>○ Operative procedure report(s) relating to an ICD (if applicable)</li> </ul> </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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