



Federal Employee Program.

Prior Authorization Request Form		Lower Limb Protheses	
<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>			
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: Phone: () _____ Fax: () _____		Anticipated Date of Service: _____	
<p>Please enter all codes requested; "by report" codes must have a description of why the code is being used</p>			
ICD-10 CODE(S):			
CPT CODE(S):			
HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
<p>Please provide the following documentation:</p> <ul style="list-style-type: none"> History and physical including: date of amputation, physical and cognitive status, current functional K level and level patient is expected to attain and patients desire to ambulate Prescription for the prosthesis from referring physician (Physiatrist or Orthopedist) Name of ordering prosthetist, fax and phone number All prosthetist's clinical/office notes including: <ul style="list-style-type: none"> Has a prosthesis been previously worn? Is a prosthesis being currently used? What rehabilitation has patient received? Describe daily activities and needs related to daily activities Why is a swing and stance knee unit not appropriate? Has the patient successfully mastered the features of a swing and stance style hydraulic knee unit? Activities that will require long distance ambulation at variable rates, uneven terrain, or stairs? Current make, model, components in use What is the repair cost of the current prosthesis? Clearly list all HCPCS codes with descriptions of generic codes 			

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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