



Federal Employee Program.

Prior Authorization Request Form | Microprocessor-Controlled Prostheses for the Lower Limb

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: 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): _____ Anticipated Date of Service:
Office Contact:	
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 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:
 - Activities that will require long distance ambulation at variable rates, uneven terrain, or stairs?
 - All prosthetist's clinical/office notes including:
 - Current make, model, components in use
 - Describe daily activities and needs related to daily activities
 - Has a prosthesis been previously worn?
 - Has the patient successfully mastered the features of a swing and stance style hydraulic knee unit?
 - Is a prosthesis being currently used?
 - What is the repair cost of the current prosthesis?
 - What rehabilitation has patient received?
 - Why is a swing and stance knee unit not appropriate?
- 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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