



Federal Employee Program.

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| <b>Prior Authorization Request Form</b>   |      | <b><i>Open and Thoracoscopic Approaches to Treat Atrial Fibrillation (Maze and Related Procedures)</i></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 Provider Connection (<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>  |  |
| 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:<br><b>PLEASE IDENTIFY SPECIALTY</b>  |      |   |  |
| Servicing Facility Name and Address:  |      | Place of Service:   |  |
| Tax ID Number:  | NPI: | <input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center<br><input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care<br><input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care<br><input type="checkbox"/> 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):  |      |   |  |
| <b>PATIENT CLINICAL INFORMATION</b>   |      |   |  |
| Please provide the following documentation: <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#>

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|---|-------------------------------------|
| <b>Fax Number: 1-855-895-3504</b>   | <b>Phone Number: 1-800-633-4581</b> |
| <small>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and <b>confidentially</b> destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small> |                                     |