



Federal Employee Program.

Prior Authorization Request Form | Reduction Mammoplasty for Breast-Related Symptoms

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.

Form with sections: Provider Information, Patient Information, Referring/Prescribing Physician's Name, Servicing Facility Name and Address, Office Contact, and Anticipated Date of Service.

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
• Progress Notes- indicating past and current treatment response(s) to date
• Pertinent Lab Results and/or Radiological Reports

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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