BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form	Temporomandibular Joint Dysfunction

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: ☐ **PCP;** ☐ **Specialist:** **PLEASE IDENTIFY SPECIALTY**	**Blue Shield ID Number:**
Servicing Facility Name and Address: **Tax ID Number:** **NPI:**	**Place of Service:** ☐**Physician's Office** ☐**Freestanding Ambulatory Surgery Center** ☐**Patient's Home** ☐**Home Care Agency** ☐**Outpatient Hospital Care** ☐**Long Term Care** ☐**Inpatient Hospital Care** ☐**Other (explain):** _____
Office Contact:	
Phone: ( )	
Fax: ( )	**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#

An Independent Member of the Blue Shield Association

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581

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