

Prior Authorization Request Form		Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis)	
BSC Fax: (844) 807-8997		BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005	
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: BSC has a 5 Business Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.			
Provider Information		Patient Information	
Referring/Prescribing Physician: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist* Name: *Please identify SPECIALTY:		Patient's Name: Birth Date: Blue Shield ID Number:	
Servicing Provider: <input type="checkbox"/> MD <input type="checkbox"/> Vendor <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other Name: Address: Tax ID Number: NPI:		Place of Service <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other (explain): Anticipated Date of Service:	
Office Information: Contact: Phone: ()) Fax: ())			
Please enter all codes requested; "by report" codes must have a description of why the code is being used			
ICD-10 PRIMARY DX CODE:			
ICD-10 ADDITIONAL DX CODE(S):			
CPT/HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
Please provide the following documentation: <ul style="list-style-type: none"> • History and physical and/or consultation notes including (if applicable): <ul style="list-style-type: none"> ○ Preoperative quality photographs of the functional impairment or condition including frontal full-face views (camera at eye level and patient looking straight ahead), and other views (i.e., lateral [side] or oblique views), if applicable ○ Visual field perimetry testing with eyelids taped and untaped, including physician interpretation and documentation of the degrees of superior visual field impairment, if applicable ○ Quality photographs demonstrating functional visual impairment secondary to corticosteroid therapy, or other disease processes or metabolic or inflammatory disorders ○ Documentation of corneal disruption by eyelashes due to extra roll of pretarsal skin and orbicularis muscle ○ Documentation if required to fully demonstrate abnormal eyelid position (down-gaze, and lateral [side] views) ○ Documentation for infants or children less than nine years of age that in the judgment of the treating physician are at risk for occlusion amblyopia ○ Documentation of the eyebrow below the supraorbital rim (side and oblique views may also be required to fully demonstrate brow ptosis) ○ Any high-quality color images should be securely emailed to PART-CISD@blueshieldca.com. In the email to PART-CISD@blueshieldca.com, please include the patient's name and date of birth. 			

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652
<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 confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</small>	