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Prior Authorization Request Form	Dental Anesthesia
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: ☐ PCP ☐ Specialist* **Name:** ***Please identify SPECIALTY:**	**Patient's Name:** **Birth Date:** **Blue Shield ID Number:**
Servicing Provider: ☐ MD ☐ Vendor ☐ Lab ☐ Facility ☐ Other **Name:** **Address:** **Tax ID Number:** **NPI:**	**Place of Service** ☐ Freestanding Ambulatory Surgery Center ☐ Home Care Agency ☐ Inpatient Hospital Care ☐ Long Term Care ☐ Outpatient Hospital Care ☐ Patient's Home ☐ Physician's Office ☐ 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

SECTION I (Optional, but completion could result in quicker determination)

1. Is CPT code 00170 being requested for a procedure other than dental (e.g., tonsillectomy or adenoids removal)? (check one): ☐ Yes ☐ No

2. Will services be performed in a hospital, outpatient surgery center, or dental office which has met the requirements established by the Dental Board of California for the provision of general anesthesia?
☐ Yes ☐ No

3. Will the member be less than seven years of age on date of services? ☐ Yes ☐ No

4. Is ICD-10 one of the following: F70, F71, F72, F73, F78, F79, G80.1, G80.2, G80.8, G80.9, Q90.0, Q90.1, Q90.2, or Q90.9? ☐ Yes ☐ No

SECTION II (COMPLETE THIS SECTION IF QUESTIONS IN SECTION I WERE ANSWERED)
Your signature below indicates the information provided above is true and accurate to the best of your knowledge.

SIGNATURE: DATE: / /

An Independent Member of the Blue Shield Association

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652

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SECTION III (REQUIRED FOR ALL REQUESTS)

Please provide the following documentation:

- ☐ History and physical including: dental procedure to be performed and the reason for needing general anesthesia
- ☐ Documentation of any developmental disability, if applicable
- ☐ Documentation of any health issues and their extent that result in a compromised health status, if applicable

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