

Prior Authorization Request Form		Knee Braces (Custom)	
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	
Office Information: Contact: Phone: () Fax: ()		<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:	
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: <ul style="list-style-type: none"> ○ Clinical records indicating pain and/or functional disability that interferes with ADLs if applicable ○ Reason a custom brace is needed (rather than an off-the-shelf type of brace) ○ Documentation of current instability if applicable ○ Documentation of limited range of motion if applicable ○ Knee circumference measurements if applicable ○ Treatment plan (i.e., surgical intervention) if applicable ○ Physical therapy reports if applicable ○ Prior conservative treatments, duration, and response ○ Pertinent past procedural and surgical history • Radiology report(s) (i.e., X-Rays, MRI, CT) • A copy of the manufacture's invoice if the physician's office is supplying the brace • Prescription, signed and dated by physician that includes the diagnosis and rationale for each HCPCS code requested • Documentation to support Knee Brace Add-on codes if applicable 			

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