

Prior Authorization Request Form		Microprocessor-Controlled Prostheses for the Lower Limb	
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"> Date of amputation Physical and cognitive status Current functional K level and level patient is expected to attain including patient's desired level of ambulation Reason for needing a microprocessor controlled prosthesis Prescription for the prosthesis from referring physician (Physiatrist or Orthopedist) Name of ordering prosthetist, fax and phone number Activities that will require long distance ambulation at variable rates, uneven terrain, or stairs All prosthetist's clinical/office notes including (as applicable): <ul style="list-style-type: none"> Current make, model, components in use Describe daily activities and needs related to daily activities Previous prosthesis use history Recent rehabilitation the patient has received Physical or mental conditions limiting the use of a microprocessor controlled prosthesis Clearly list all HCPCS codes with descriptions of generic codes			

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