blue of california

Prior Authorization Request Form	Myoelectric Prosthetic and Orthotic Components for the Upper 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: ☐ 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

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Date of amputation
  - Current physical and cognitive status including any comorbidities or other conditions that might limit the utility of the device
    - Prescription for the prosthesis from referring physician (Physiatrist or Orthopedist)
    - Name of ordering prosthetist, fax and phone number
    - All prosthetists clinical/office notes including:
  - Current make, model, components in use if applicable
  - Describe daily activities and needs related to daily activities
  - Describe malfunction of current myoelectric upper limb device if applicable
  - History of current or past prosthesis use
  - Rationale for a new myoelectric upper limb prosthesis or orthosis
  - Issue date, repair cost and warranty expiration for current device if applicable
  - Any rehabilitation the patient has received
  - Previous repairs that have been provided by manufacturer of myoelectric limb/device
  - Rationale why a body-powered prosthesis is not appropriate or cannot be used
    - Clearly list all HCPCS codes with descriptions of generic codes

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

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