

Prior Authorization Request Form		Panniculectomy, Abdominoplasty and Surgical Management of Diastasis Recti	
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"> ○ Indication for procedure ○ For non-surgical weight loss, documentation of maintenance of a stable weight for at least six months (i.e., no significant weight loss or weight gain exceeding 5% of total body weight) ○ Office progress notes indicating type and duration of medically supervised conservative treatments caused by panniculus for chronic and persistent skin conditions ○ Procedure reports or treatment records pertaining the treatment of skin condition or structural abnormality (if applicable) ○ Dated frontal and lateral preoperative medical quality color photographs accurately confirming panniculus and chronic skin condition or extent of the clinical problem (photos of skin condition may require separation or lifting of the panniculus) ○ Documentation provided that if weight loss is the result of bariatric surgery, 12 months has passed after bariatric surgery and weight has been stable for at least 6 months ○ Documentation of a significant structural abnormality of the abdominal musculature caused by a congenital defect, developmental abnormality, trauma, infection, tumors or disease if the requested service is for abdominoplasty. 			

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>	

- Date of bariatric procedure (if applicable) 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.

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