

Prior Authorization Request Form	Total Artificial Hearts and Implantable Ventricular Assist Devices
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 \(www.blueshieldca.com/provider\)](http://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 <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:
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 cardiac/transplant consultation report including:
 - Reason for implantable VAD or total artificial heart
 - NYHA functional class and duration of classification
 - Survival expectancy
 - LVEF, cardiac index as appropriate
 - Documentation that patient is on heart transplant list or undergoing evaluation to determine candidacy for heart transplantation if applicable
 - Reason patient is ineligible for heart transplantation (if applicable)
 - Plan for destination therapy if applicable
 - Documentation of maximal medical therapy if applicable
 - Documentation of current or past IntraAortic Balloon Pump if applicable
 - Inotrope dependence if applicable
 - Age of patient (if requesting pediatric implantable VAD)
 - Hospital progress notes including documentation of current and past treatment(s) and response to treatment(s) including future medical/surgical treatment options
 - Documented ineligibility for other univentricular or biventricular support devices
- FDA approved implantable VAD or total artificial heart being requested

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

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.