

Prior Authorization Request Form		Wearable Cardioverter Defibrillators	
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 cardiology consultation report including: <ul style="list-style-type: none"> ○ Clinical justification for a Wearable Cardioverter Defibrillator ○ Documentation specifying temporary contraindication to receiving an ICD if applicable (e.g., a systemic infection at the current time, lack of vascular access, recent myocardial infarction with low ejection fraction etc.) ○ Past cardiac surgical history (e.g., ICD placement or explanation, revascularization procedures) and dates associated (if applicable) ○ Specific documentation required to meet ICD criteria (when applicable): <ul style="list-style-type: none"> ▪ Cardiac monitoring result(s) (e.g., EKG, Holter, hemodynamic or EP studies, echocardiogram) ▪ Clinical justification for ICD placement ▪ Date ICD procedure is planned and type of ICD requested (automatic or subcutaneous) ▪ Estimated life expectancy based on medical history (non-cardiac) ▪ Family history of sudden cardiac death (including generation) ▪ Left ventricular ejection fraction and date obtained ▪ Major risk factors for sudden cardiac death ▪ Myocardial infarction history including date ▪ NYHA Functional Classification ▪ Past medical treatment and response(s) ▪ Echocardiogram report within the past six months 			

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