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| Transplant Prior Authorization Form | | Hematopoietic Cell Transplantation for Primary Amyloidosis | | |
| Phone Number Urgent and Standard: 1 (916) 841-1130 | | Fax Number: 1 (916) 350-8865 | | |
| 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: Blue Shield of CA has a 5 Business Day turn-around time on all Standard Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. | | | | |
| <input type="checkbox"/> New Standard Request | | <input type="checkbox"/> New Urgent Request | | |
| Important For Urgent Requests: Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee. <i>If there is no MD signature present the request will be processed as a Standard request.</i> | | | | |
| MD Signature REQUIRED For Urgent Requests Only: | | | | |
| <input type="checkbox"/> Modification Or <input type="checkbox"/> Extension Requests Complete the Section Below: | | | | |
| Date Last Authorized: | | Previous Authorization Number: | | |
| MD/NP/PA justification for modification or extension: | | | | |
| Patient Information: | | | | |
| First Name: | | Last Name: | | |
| Date of Birth: | | ID Number: | | |
| Address: | | | | |
| Referring/Prescribing Provider: | | | | |
| Name: | | Billing Tax ID: | NPI: | |
| Street Address + Suite #: | | | | |
| City: | State: | Zip: | Phone: | Fax: |
| Type of Provider: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist Type: | | Contact Name and Phone Number: | | |
| Servicing/Billing: Provider/Vendor/Lab | | <i>If same as Referring/Prescribing Provider Check Here</i> <input type="checkbox"/> | | |
| Name: | | Billing Tax ID: | NPI: | |
| Street Address + Suite #: | | | | |

| | | | | |
|--|---|---|--------------------------------|------|
| City: | State: | Zip: | Phone: | Fax: |
| Specialist Type: | | | Contact Name and Phone Number: | |
| If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address: | | | | |
| Group Name: | | Billing Tax ID: | | NPI: |
| Street Address + Suite #: | | | | |
| City: | | State: | | Zip: |
| Billing Facility (If Applicable): | | | | |
| Facility Name: | | Billing Tax ID: | | NPI: |
| Street Address + Suite #: | | | | |
| City: | | State: | | Zip: |
| City: | | State: | | Zip: |
| City: | | State: | | Zip: |
| City: | | State: | | Zip: |
| Contact Name and Phone Number: | | | | |
| Anticipated Date of Service: | | | If Lab, Draw Date: | |
| Place of Service: (Check One Box Only or If typing replace box with an "X"): | | | | |
| <input type="checkbox"/> Office | <input type="checkbox"/> Home | <input type="checkbox"/> On Campus OP Hosp | | |
| <input type="checkbox"/> Acute Rehab | <input type="checkbox"/> Hospice | <input type="checkbox"/> PH | | |
| <input type="checkbox"/> Ambulance- Air or Water | <input type="checkbox"/> Independent Clinic | <input type="checkbox"/> RTC – Psychiatric | | |
| <input type="checkbox"/> Ambulance-Land | <input type="checkbox"/> Independent Laboratory | <input type="checkbox"/> RTC –SUD | | |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Inpatient Hospital | <input type="checkbox"/> Skilled Nursing Facility | | |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Intermediate Care Facility | <input type="checkbox"/> Telehealth | | |
| <input type="checkbox"/> Birthing Center | <input type="checkbox"/> IOP | <input type="checkbox"/> Urgent Care Facility | | |
| <input type="checkbox"/> Custodial Care Facility | <input type="checkbox"/> IP Psychiatric Facility | <input type="checkbox"/> Other - Please Specify: | | |
| <input type="checkbox"/> End Stage Renal Disease Tx | <input type="checkbox"/> Nursing Facility | | | |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Off Campus OP Hosp | | | |
| Please enter all codes requested; unlisted codes must have a description. | | | | |
| Please include the quantity for each code requested and if applicable, left, right or bilateral designations. | | | | |
| ICD-10 Code(s): | | | | |
| CPT/HCPC Code(s): | | | | |
| For questions: Call BSC Medical Care Solutions Phone Number: 1-(916) 841-1130 | | | | |

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Please provide the following documentation:

History and physical and/or consultation notes including:

Bone marrow transplant consultation report and/or progress notes documenting:

- Diagnosis (including disease staging) and prognosis
- Synopsis of alternative treatments performed and results
- Specific transplant type being requested

Surgical consultation report and/or progress notes

Results of completed transplant evaluation including:

- Clinical history including comorbidities
- Specific issues identified during the transplant evaluation
- Consultation reports/letters (when applicable)
- Correspondence from referring providers (when applicable)
- Identification of donor for allogeneic related bone marrow/stem cell transplant (when information available)

Medical social service/social worker and/or psychiatric (if issues are noted)

evaluations including psychosocial assessment or impression of patient's ability to be an adequate candidate for transplant

Radiology reports including:

- Chest x-ray (CXR)
- PET scan, CT scan and bone survey (as appropriate)

Cardiology procedures and pulmonary function reports:

- EKG
- Uchocardiogram
- Pulmonary function tests (PFTs)

Biopsy/Pathology reports including:

- Bone marrow biopsy
- Lymph node biopsy (as appropriate)

Laboratory reports

Visit our website at blueshieldca.com