• Submission of this information does not constitute authorization of services, our Medical Management department will notify you of their decision via secure email, mail, phone or fax; also available to you via the portal on providers.bcidaaho.com.
• Please submit all elective prior authorization requests, along with medical records, at least 10 days prior to the scheduled date of service.
• If the request if URGENT it must meet the definition below, or as stated in PAP241 (providers.bcidaaho.com). Urgent requests require attestation by signature of the ordering provider. If urgent status is not attested to by the provider (not office staff) it will be considered routine.
• I, ______________ MD/PA/NP attest that the request for urgent prior authorization meets the criteria listed in PAP241, is documented and supported in the medical records.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employee Program:</td>
<td>208-286-3551</td>
</tr>
<tr>
<td>Inpatient:</td>
<td>208-331-7326</td>
</tr>
<tr>
<td>Home Health/Hospice:</td>
<td>208-387-6655</td>
</tr>
<tr>
<td>Procedures/Services:</td>
<td>208-331-7344</td>
</tr>
</tbody>
</table>

### Service and Procedure Requests:
Elective procedures and services subject to medical necessity review are listed on the back of this form.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Date of Service</th>
</tr>
</thead>
</table>

| Phone: | City: | Description |

| HCPCS/CPT® Procedure Code(s) |

| HCPCS Code(s) | Description | Purchase Price |

| | | |

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| | | |

3000 E. Pine Ave. • Meridian, Idaho 83642 • 208-345-4550
Mailing Address: P.O. Box 7408 • Boise, ID 83707-1408

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Form No. 12-104 (09-16)
Prior authorization for the following may not be required for specific employer contracts.

Procedures:
• Dental surgery related to an accident
• Eyelid surgery
• Invasive treatment of lower extremity veins
• Nasal and sinus surgery
• Jaw surgery
• Reconstructive and plastic surgery
• Spinal surgery
• Surgery for snoring or sleep problems
• Surgical treatment of obesity
• Transplants (organ, tissue, etc)
• Gender reassignment services
• Experimental or investigational procedures*

*Please refer to Blue Cross of Idaho Medical Policies on our Web site to search for our current policy regarding a specific procedure or diagnostic test. Any approval for investigational or experimental procedures will be done on a case-by-case basis upon review of supportive literature and clinical information.

Admissions:
• Acute inpatient hospital
• Newborns requiring care beyond the normal newborn period
• Long term acute care hospital (LTACH)
• Rehabilitation and long-term care facility
• Skilled nursing facility
• Sub-acute and transitional care

Note: Emergency admissions, please notify Blue Cross of Idaho within one business day following admission.

FEP:
• Inpatient hospital admission
• BRCA Testing
• Outpatient surgical services:
  • Surgery for morbid obesity
  • Surgical correction of congenital anomalies
  • Surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth
• Outpatient intensity-modulated radiation therapy (IMRT)
• Hospice Care
• Transplants
• Gender reassignment services
• Outpatient sleep studies performed outside of the home
• Applied Behavioral Analysis (ABA) Therapy
• Clinical trials for certain transplants

You may request an Advanced Benefit Determination for services not on the FEP PA list that are non-urgent and considered high cost.

Urgent:
Urgent care is any request for medical care or treatment which the time periods for making non-urgent care determinations could result in the following circumstances:
• Could seriously jeopardize the life or health of the member, or the ability to regain maximum function, based on a prudent layperson's judgment, or
• In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

We encourage you to read PAP 241 to ensure your request is urgent. You can find it at providers.bcidaho.com.

Questions? Call Blue Cross of Idaho 208-331-7535 or 800-743-1871

Durable Medical Equipment:
• CPAP/BiPAP*
• Hospital grade breast pumps
• DME >$500 (including rent to purchase)
• Covered orthotics and prosthetics >$500
• Oral appliances for Sleep Apnea*

Services:
• Genetic testing
• Home health services
• Outpatient IV infusion therapy as listed on the Blue Cross of Idaho website
• Hospice services
• Hyperbaric oxygen therapy
• Non-emergent ambulance transport

AIM Specialty Health:
• MRI/MRA, CT/CTA,PET,
• Nuclear Cardiology
• Sleep Studies and
• Sleep Therapy **

Requests for AIM Specialty Health may be submitted via the bcidaho.com portal 24/7 or phone (866) 714-1105 during business hours, For a list of Groups NOT participating in the AIM Specialty Health programs see bcidaho.com.

* For Groups not participating in the AIM Specialty Health Sleep Management Program, submit prior authorizations to Blue Cross of Idaho

** For Groups participating in the AIM Specialty Health Sleep Management Program, contact AIM Specialty Health via the bcidaho.com portal 24/7 or phone (866) 714-1105 during business hours

Medications:
Please refer to our website for a current listing of medications requiring prior authorization.

Referrals to non-contracting providers are required for Managed Care/POS plans only.