



## Why you may need to submit several cases:

1 PA is required for the surgeon(s), and a 2nd PA is required for the Facility. A 3rd PA is required if the primary and assistant surgeon do not belong to the same group, resulting in a minimum of two requests.

## Providers/Physicians:

**Ordering Provider** – The person or Organization ordering the care (this information is not transmitted to BMS with the PA. If you need to bill under the NPI listed here, to bill under the same PA, the NPI will need to either go under the treating provider or be a part of the same group practice as the NPI listed as the treating provider. Otherwise, a separate request is required)

**Treating Physician** – Primary Surgeon

**Treating Provider** – Pay-to Provider (Group)

## Assistant Surgeons:

- If there will be an Assistant Surgeon that is a part of the same group practice, indicate on the procedure code(s) which the Assistant Surgeon will be performing or assisting with by using modifier AS or eighty with the respective procedure code(s). You may have a procedure code listed twice, one with and one without a modifier. Be sure to include all procedures & PCS codes that require a PA.
- If the Assistant Surgeon is not in the same group practice, a separate PA is required.
- If there is an Assistant Surgeon that is a part of the same group practice, a separate PA is required for the facility.

## Other Tips:

- Be sure to complete the Transplant form in its entirety.
- If you will be billing with a PCS code related to a transplant that code will need to be listed on the facility prior authorization.

**If you are in need of examples please refer to the [Provider Requirements](#) Tip sheet**