



**Federal Employee Program**

**Prior Authorization Request Form      Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses**

**Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan**  
*Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.*

**Patient Information**

Patient's Name:	Blue Cross Blue Shield ID Number: R
Birth Date:	Patient's Phone Number:

<b>Billing Provider Information</b>	<b>Ordering Physician/Provider Information</b>
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Name and Address:	<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:
Tax ID Number:	Tax ID Number:
Office Contact:	Office Contact:
Phone: (    )	Phone: (    )
Fax: (    )	Fax: (    )

**\*Please enter all codes requested; "by report" codes must have a description of why the code is being used.\***

**ICD-10 CODE(S):**

**CPT CODE(S):**

**HCPCS CODE(S):**

**PATIENT CLINICAL INFORMATION**

**Please provide the following documentation:** Anticipated Date(s) of Service:

- History and Physical
- Progress Notes- indicating past and current treatment response(s) to date.
- Pertinent Lab Results and/or Radiological Reports

View our Medical Policy on line at <http://www.fepblue.org/medical-policies.jsp>

<b>Fax Number: 1-855-895-3504</b>	<b>Phone Number: 1-800-633-4581</b>
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