



Federal Employee Program

Prior Authorization Request Form Balloon Ostial Dilation for the Treatment of Chronic Sinusitis	
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 <i>Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.</i>	
Patient Information	
Patient's Name:	Blue Cross Blue Shield ID Number: R
Birth Date:	Patient's Phone Number:
Billing Provider Information	Ordering Physician/Provider Information
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:	
<ul style="list-style-type: none"> • History and Physical • Letter of Medical Necessity 	

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

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581
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