



**Federal Employee Program**

<b>Prior Authorization Request Form</b>	<b>Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis)</b>
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**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
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Birth Date:	Patient's Phone Number:
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<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:
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Tax ID Number:	Tax ID Number:
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Office Contact:	Office Contact:
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Phone: (    )	Phone: (    )
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Fax: (    )	Fax: (    )
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**\*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 and/or consultation report
- Preoperative quality clinical photographs of the functional impairment or condition, including frontal full-face views (camera at eye level and patient looking straight ahead), and other views (i.e., lateral (side) or oblique views), if applicable
- Visual field perimetry testing with eyelids taped and untaped, including physician interpretation and documentation of the degrees of superior visual field impairment, if applicable

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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