



Federal Employee Program

Prior Authorization Request Form Cleft Palate Dental Related Services

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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Billing Provider Information	Ordering Physician/Provider Information
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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:

- Consultation report including: treatment plan
- Quality diagnostic radiographs reflecting the deformity
- Quality medical photographs of the deformity

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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