



Federal Employee Program

Prior Authorization Request Form		Detection of Circulating Tumor Cells in the Management of Patients with Cancer	
<p>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></p>			
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			
<p>Please provide the following documentation: Anticipated Date(s) of Service:</p> <ul style="list-style-type: none"> • 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>

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