



**Federal Employee Program**

**Prior Authorization Request Form    Genetic Testing for Colorectal Cancer**

**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:  
**For diagnosis of familial adenomatous polyposis (FAP):**

- Age of patient;
- History & Physical to include family history and genetic counseling;
- Operative and pathology reports
- Individuals diagnosed with greater than 20 colonic polyps (proband\*).
- Individuals with a family member diagnosed with greater than 20 colonic polyps.
- Is there an affected family member that has been tested?

**For diagnosis of hereditary non-polyposis colorectal cancer syndrome:**

- Age of patient;
- History & physical to include in-depth family history, relationship of all family members diagnosis with colon cancer, and their age at the time of the diagnosis;
- All previously related clinical documentation, including results of testing for FAP
- Is there an affected family member that has been tested?

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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Revised:                      Effective: